DOCUMENT RESUME

ED 081 305 HE 004 400

TITLE	The Health Policy Elective Course. Final Report.
INSTITUTION	Institute for the Study of Health and Society, Washington, D.C.
SPONS AGENCY	National Institutes of Health (DHEW), Bethesda, Md. Bureau of Health Manpower Education.
REPORT NO	NIH-72-4019
PUB DATE	30 Jun 73
NOTE	165p.
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	Community Health Services; *Course Descriptions; Courses; Decision Making; *Elective Subjects; Health Education; *Health Occupations Education; *Health Services; *Higher Education; Interdisciplinary Approach

ABSTRACT

This document describes the background and design of a multidisciplinary health policy elective course. The course is designed to study alternatives for decisionmaking in health policy, and to understand how changes can be made in the delivery of health care. Following introductory material, the course syllabus, bibliography, faculty, preceptorships, students, student projects, and evaluation procedures are described. The Health Policy Elective Course was conducted twice and (1) established a pattern of health community participation and speaker participation in the courses using them as resource persons, (2) presented an opportunity for students to work together, (3) increased student understanding of policies and policymakers, (4) created a large corps of people who believe in a health policy course, and (5) created a good deal of interest in developing this type of program at other schools. (MJM)

FILMED FROM BEST AVAILABLE COPY

ED 081305

THE HEALTH POLICY ELECTIVE COURSE

FINAL REPORT

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Submitted by:

The Institute for the Study of Health & Society
1050 Potomac Street, N.W.
Washington, D. C. 20007

As required by:

NIH - Office of Grants, Policy & Procedures, BHME

Under contract:

NIH 72-4019

June 30, 1973

HE 004 400

TABLE OF CONTENTS

A. INTRODUCTION.......... 1
  Course Design 1
  Recruitment - Students 1
  Recruitment - Faculty 9
  Teaching Techniques.......... 15
B. SYLLABUS.......... 20
  Fall - 1972.......... 21
  Spring - 1973.......... 25
C. BIBLIOGRAPHY.......... 31
  Reading List.......... 32
  Supplementary Library Readings.......... 80
  Readings Used as Supplementary
    Readings prepared for Course
    (included in Model Curriculum
    under separate cover)
D. FACULTY..........103
  Fall List..........105
  Spring List..........113
  Faculty-- Health Teams..........122
E. PRECEPTORSHIPS 123
  Student Guidance..........124
  Preceptorship Lists..........138
F . STUDENTS..........139
  Accepted Students..........140
  Colleges Participating..........142
  Disciplines Represented..........142
  Invitation to Congress..........143

G. STUDENT PROJECTS..........145
  Listing and Summary Description..........146
H. EVALUATION..........148
  Student Evaluation..........149
  Contractor's Evaluation..........162
  Summary..........164
I. MODEL CURRICULUM
  (Under separate cover)

INTRODUCTION:

Course Design

In the process of developing a multidisciplinary health policy elective course, which is the intent of our contract, the staff had to face many problems. One of the hardest was to continually research the many issues and areas upon which health policy bear and devising out of these areas a workable curriculum which would be acceptable and interesting to a multidisciplinary group of students. Realizing the varied backgrounds in basic education, science education, and direct health care experience which students from medicine, dentistry, pharmacy, health administration, nursing, and theology come with, it took many drafts to settle on the framework which was chosen.

The first course, in the Fall of 1972, was designed to accomodate up to 10 weeks of participation by students. The morning sessions were devoted to classwork while the afternoon sessions were devoted to preceptorships. This design led to a great deal of problems once the course got under way in that it presented conflicts for the students in terms of time. Many of the activities occuring during their preceptorships would occur in the mornings and they would have to be absent from them in order to be in class. Additionally, the heavy reading load placed on the students made it difficult for them to devote a great deal of time to their preceptorships.

In light of this information, which came about through numerous evaluation sessions both oral and writing, we redesigned the second course. Again using a 10-week framework, we concentrated theoretical classwork sessions into the first 5 weeks and scheduled a preceptorship phase for the second 5 weeks. This allowed the students to give maximum effort to each phase of the program without compromise. In order to assure that students were not drifting during their preceptorships, one day a week during the second phase was scheduled at the Institute in order to integrate information from their preceptorships into the overall health policy picture; to bring in new material; and to assist the students in developing their preceptorship projects. The final syllabus chosen for each session can be found in Section B of the Final Report.

STUDENT RECRUITMENT

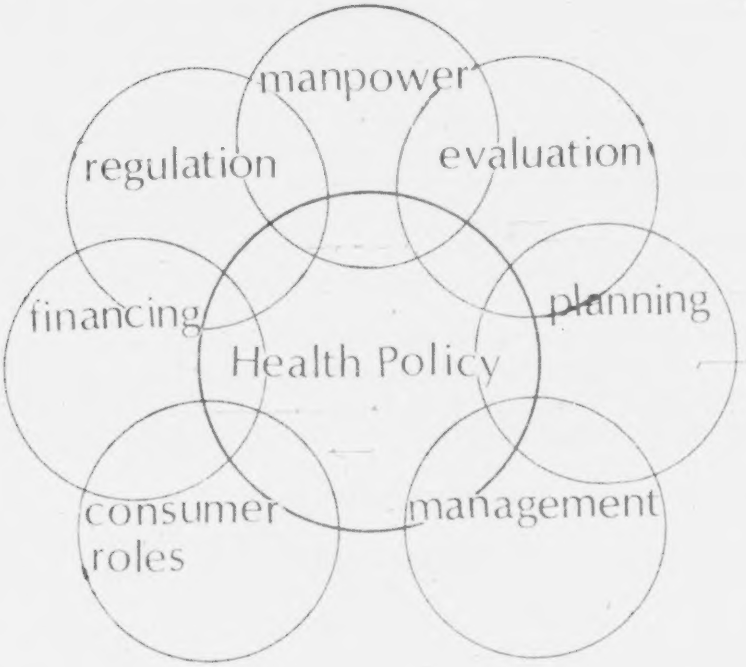
The Institute staff realized that student acceptance of a unique course in health policy, coupled with the opportunity to participate in direct preceptorships in Washington, would be very attractive. The problem encountered was the short amount of time between the letting of the contract and the time when these soon-to-graduate students would be signing up for their final year's courses. In order to have an immediate impact upon the students, numerous courses were embarked upon: 1) brochures were printed and letters and posters sent to the Presidents and Faculty Advisors of every medical school in the country, and additionally to the dental schools, pharmacy schools, health administration, health planning, social work schools located in the East; 2) phone contacts were made and posters distributed to Washington area professional schools; 3) a recruitment trip was made to New York City where a presentation was made to heads of the community medicine departments, all the New York City medical schools at one time at NYU Med. School; 4) a notice was placed in the Infusion magazine of SAMA; 5) Washington Theological Consortium placed a notice of the course in its fall and spring brochures; 6) a recruiting trip was taken to Chicago, where the Manpower Conferences were being held under the sponsorship of the Student American Pharmacy Association. Hundreds of student leaders at the Conference were given information material and direct, personal information on the course and what it would be like. 7) Recruitment trips were made to the National SAMA officers meeting held in Washington, D.C.; 8) recruitment trips were made to Philadelphia and Atlanta for the regional SAMA chapter meetings where again booths were set up and hundreds of students contacted.

Eventually through our announcements and word of mouth, especially after the first course was completed, we had a flood of inquiries about the course and filled the courses as specified. We had many more requests for a summer version of the course and for sessions of the course to be held the following year by interested sophomores and juniors who did not have elective time coming during '72-73.

During the recruitment of students, recommendations were required from faculty members and these were weighed in selecting the final students. Overall we found a great deal of enthusiasm on the part of both schools and students participating in the course. The major problem was finding the time within the student's schedule, or finding a way to get around those professional schools whose courses aren't on block time, but rather run concurrently during a semester. Although this was a difficult problem, it was not impossible and numerous schools made exceptions for their students to attend.

Once students were selected it became the responsibility of the staff to provide them with limited travel assistance, and to locate housing for them. This was done in the Fall utilizing local apartments and sub-let situations throughout the Washington area, and in the Spring by developing a relationship with a junior college that had space in its dormitory.

The area of financial assistance for housing is one which created a lot of problems. Even though students received credit for their course work, they still mostly had to maintain a residence back at their own university, and thus the expense of coming to Washington for a course was considerable to them. This is one of the reasons the course was not held during the summer, in which case it might have eliminated those students who needed to work. In the future, if a course of this nature is run, it will be much wiser to utilize funds to pay for student housing in Washington, thus cutting down a substantial financial barrier which limits those students who can't attend.



WHAT IS THE INSTITUTE?

The Institute is an energetic group of young professionals, doctors, environmentalists, lawyers, health planners, nurses and other health professionals. They seek: changes in health science education, a multiprofessional approach to health services delivery, and the involvement of consumers in health services. They are trying to develop an informed group of young professionals who are committed to working within the system, helping to renew it.

The Institute is a nonprofit corporation, with a full-time professional and clerical staff.

The Institute has received funds from the Bureau of Health Manpower and Education of the National Institutes of Health to develop HEALTH POLICY – An Elective Course. Third and fourth year medical students, students in other health programs, as well as other students in professional training who have an interest in health (law, theology, social work, etc) will be enrolled in the course.

TIMETABLE

The course will run for eight (8) to twelve (12) weeks in the fall of 1972, and in the spring of 1973. Exact dates and modifications will be based on the accepted students' elective periods. Final project reports will be due at the end of the course.

Applications should be completed **quickly**, as the number of openings is limited.

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY
1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

BACKGROUND INFORMATION SHEET

HEALTH POLICY ELECTIVE COURSE - SPRING 1973

The Institute is again offering the Health Policy Elective Course in the spring for medical, dental, health administration, nursing, and other health professional students. The students are receiving elective credit from their schools and will be in Washington for about ten (10) weeks. They will meet daily for three one and a half hour sessions starting at 9:00 a.m. each day [9:00 - 10:30, 11:00 - 12:30, 1:30 - 3:00]. Enclosed you will find a brief brochure describing the course; also included is a brochure on the Institute that hopefully will give you an idea of what our organization's goals and projects are.

A student is being assigned to each session and will contact you prior to the class. He or she will have read the material in advance, discuss some of the subject matter with you and relay students' perspectives, questions and interests prior to each session. This student will also introduce and direct the session for the class on the scheduled day. If you come across any article in the next few weeks that may be pertinent to your talk, please send it to me and I will have it duplicated for the students to read before they come to class.

All sessions will be held at the Institute's offices, which are located at 1050 Potomac Street, N.W. in Georgetown. We invite you to attend any sessions during the ten-week course that might be of interest to you.

Parking is usually available on Potomac Street, as new meters have been recently installed.

AN EXPERIENCE IN MULTIDISCIPLINARY EDUCATION

In cooperation with the Institute for the Study of Health and Society, the Washington Theological Consortium announces to theological schools and their students a fully accredited course offered by the Institute each semester in 1972-73.

"Health Policy: An Elective Course"

The course is designed to study alternatives for decision making in health policy, and to understand how changes can be made in the delivery of health care. This theme will be examined through a number of issues and by analysis, accounting for several different roles in society, e.g., medicine, law, dentistry, pharmacy, nursing, social services, public health and ministry. Substantive issues will be explored with outstanding scholars and practitioners from universities, government and private agencies. Preceptorships will provide in depth experience with specific policy issues, utilizing Washington-based academic, advisory, medical and government resources. Each student will be required to complete a manuscript on his project for the Institute, for publication, as a part of an educational series developed during the course.

In addition, after twelve weeks work with the Institute, each theological student will be required to prepare a paper in theological reflection and interpretation in the final three weeks of the semester, under the guidance of theologians from the Consortium faculties.

A Full Semester's Work

Students enrolling in "Health Policy: An Elective Course" are expected to devote full-time to this course for the semester. Thus, it will equal a full semester's academic work in one course, to be credited as such by the student's home school. Obviously, only those students can consider enrolling in the course whose programs will permit them to choose the equivalent of a full semester's elective work all at one time.

Registration Procedure

Interested students must have the permission of their respective deans to enroll; the dean should then request a copy of the Institute's registration form from and return it to the Consortium, which will in turn forward it to the Institute.

Tuition and Costs

The course is fully funded, including the cost of materials and supplies. Students are responsible only for fees to their own schools. Limited travel assistance is available when needed. Housing costs are the responsibility of students; for non-Washington area students, living arrangements can be made at Consortium schools.

Theological Students in Multidisciplinary Education

Health care problems involve persons who function in various ways in our society. These problems are obviously ingredient in the work of parish minister or priest because the people served are the same in each case. The Institute and the Consortium are cooperating in this course because it provides an educational experience whereby persons preparing for these differing functions can learn to work together on common problems. It is expected that students of law, medicine, theology, etc., will also learn what the proper function of each profession is with respect to the problems and the people who suffer under them. Therefore, each discipline represented among the students will provide a significant dynamic to the work of the course.

Guidance for theological students will be provided by Professor Tibor Chikes of Wesley Theological Seminary, whose field is pastoral care, and Father Thomas Heath, O.P., of Dominican College, whose field is moral theology.

STUDENT AMERICAN MEDICAL ASSOCIATION
Publishers of The New Physician
1400 HICKS ROAD, ROLLING MEADOWS, ILLINOIS 60008 AC 312/259-7450

BOARD OF TRUSTEES

president
GEORGE M. BLATTI
University of Minnesota

vice president
VALLACE N. EVANS, II
University of Alabama

treasurer
SAM LIN
University of Oregon

speaker of the house
WM. J. MANGOLD, JR
ersity of Texas - San Antonio

regional trustees
HENRY JACOBS
iversity of Connecticut
ANCISCO M. JOGLAR
University of Puerto Rico
ATRICIA R. FALCAO
University of Maryland
Z. JOSEPH WANSKI
University of Pittsburgh
FRED SANFILIPPO
Duke University
MICHAEL BUBB
University of Indiana
RMAN J. MABRIE III
Meharry Medical College
HOMAS E. KOTTKE
versity of Minnesota
ANIEL J. OSTERGAARD
rsity of Texas - Southwestern
KAREN IRELAND
versity of Oregon

mediate past president
BRUCE G. FAGEL
niversity of Illinois

editor
HE NEW PHYSICIAN
ENCE S. CARDEN, JR., M.D.
Duke University Hospitals
Durham

executive director
LES C. HEWITT, J.D.

The purpose of this letter is to give you some information concerning one of SAMA's four Chapter Officers Conferences being held throughout the country this fall. Regions I through IV of SAMA will meet on October 13 and 14, Friday and Saturday at the Penn Center Holiday Inn in Philadelphia with the following goals in mind:

1. To provide meaningful direction for SAMA via local Chapter Officers' input
2. To establish the groundwork for an active communications system between national, regional and local SAMA
3. To permit extensive and thorough discussion of specific local chapter problems and develop possible solutions.
4. To disseminate information about national activities and services
5. To discuss and evaluate national membership services with particular emphasis on introduction of new services to chapter members

Regions I through IV involve 45 local SAMA Chapters with the total SAMA membership of 5448. National SAMA will help finance one or two representatives from most of these chapters. Enclosed you will find a list of these schools.

Members of SOMA (Student Osteopathic Medical Association), SAPhA (Student American Pharmaceutical Association), NSNA (National Student Nurses Association) and the spowses of medical students are also welcome to attend.

Sign up - HEALTH POLICY INFO

NAME	ADDRESS	School	CLASS
JACK HATAWAY	APT 5, 1513 9th AV. S BIRMINGHAM, ALA 35215	UAB SCHOOL OF MEDICINE	SOPH
BLANE CRANDALL	1408 ROCK SPRING CIR, NE - Apt 3 ATLANTA, GA. 30306	Emory Univ. Sch. of Med.	Jr.
NANCY McCONNELL	1717-A NORTH DECATUR RD. ATLANTA, GA. 30307		
Larry Winters	709 Aledo Coral Gables, Fla 33134	Univ of Miami School of Medicine	
JULIAN HUTCHINS	1002 MOORE AVE AUGUSTA, GA 30904	Medical College of GA	1
ANNE M. GARAMI	9499 COLLINS AVE. SURFSIDE, FLORIDA 33154	Univ. of Miami School of Med.	JUNIOR
Stad JACKSON	Box 301, LSU Med School 1542 Tulane Ave New Orleans, La 70112	LSU Med School	SR.
William Rith	1900 NW 10th Ave Apt 10-P Miami FlA 33136	Univ of Miami	Soph.
William Lineaweaver.	BOX 433 - J. Hillis Miller Med Center Gainesville, Fla. 32601	U. of Fla.	fresh.

tel. order *

for BRUCE Neeley (soph)

BERT KELLER (prof.)
DEPT. OF FAMILY PRACTICE
MUSC
80 BARRE ST.
CHARLESTON, S.C. 29401

FACULTY RECRUITMENT

Once a curriculum was designed for the course, the staff affronted the obstacle of finding suitable faculty. This arduous task was accomplished utilizing educators, practitioners, and administrators from the greater Washington area. Included were representatives of government, private industry, private associations, etc. all who had experience dealing with health care issues. In the faculty section of this report one will find a listing of the speakers and faculty members used. What follows now are samples of correspondence from faculty indicating their willingness to participate in the course, and additionally the mock-up letters that were sent to the faculty.

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY
1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

February 13, 1973

Mr. ---------

Dear Bob:

Just a note to remind you of the forthcoming session of the Health Policy Elective Course.

As I told you on the phone, on Friday, February 23rd, 1973 we will be discussing private sectors' role in health care. The first speaker that morning will be from the AMA and will be discussing their position on national health legislation and HMO's. I'd like for you to speak following him, somewhere around 10:30 on MCHR and its health bill and its positions on delivering health care in America. Of course it would be most helpful, as we discussed, if you could be there from the beginning of the session at 9:00 a.m. so that we can have some dialogue going between yourself, the representative of the AMA, and the students.

The problem you mentioned, that of students not showing up on time, etc., has not occurred this session at all. The group is assembling between 8:30 and 8:45 and we are prepared to begin at 9:00 a.m.

I look forward to seeing you on the 23rd. Thanks again.

Murray Leipzig
Director

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014

September 5, 1972

Dr. Murray Leipzig
Director, Health Policy Elective
Institute for the Study of Health and Society
1050 Potomac Street, N.W.
Washington, D.C. 20007

Dear Dr. Leipzig:

Subject to unforeseen calendar problems, I will plan to participate in the interesting Health Policy Elective Course, from 1:30 p.m. to 3:30 p.m. on October 10, as you have outlined.

It is always a stimulating and instructive experience for me when I meet with students in a setting like the Institute for the Study of Health and Society.

Since the fall is an especially busy time, it is possible that I may find it necessary to ask a member of the senior NIH staff to substitute for me. If such a contingency should arise I will be in touch with you.

Sincerely yours,

Robert Q. Marston, M.D.
Director

W. Deaver Kehne, M. D.
2033 WATERSIDE DRIVE, NORTHWEST
WASHINGTON, D. C. 20009

ADams 4-7104

Dear Murray [illegible]:

I am enclosing an article by Dr. Perry Talkington on Future Delivery of Psychiatric Services. I believe this article fairly well covers the Establishment's view on the matter. Thus to my mind, it would be an excellent one to have duplicated and passed out to the students before class.

I would very much appreciate meeting c̄ my student-consultant this Wed. afternoon (27th) after 2:00 p.m. to formulate my show & to ascertain my time on stage.

Best regards,

GEORGETOWN UNIVERSITY HOSPITAL
3800 RESERVOIR ROAD, N.W.
WASHINGTON, D.C. 20007

ADMINISTRATOR

December 4, 1972

Mr. Murray Leipzig, Director
Health Policy Elective
The Institute for the Study of Health and Society
1050 Potomac Street, N. W.
Washington, D. C. 20007

Dear Mr. Leipzig:

I received your letter asking whether I would be available to talk to the health students in the spring.

I would be very happy to do so, and please let me know the date as soon as possible so that I may put it on my calendar.

I have had no feedback as to either the appropriateness or effectiveness of my first presentation and would thus appreciate a call giving me some guidance for the second session.

Thanks.

Cordially,

H. Joseph Curl
Administrator

HJC/sec

Needs letter -
& call!

DIVISION OF GEORGETOWN UNIVERSITY MEDICAL CENTER

AMERICAN MEDICAL ASSOCIATION
1776 K STREET, N.W. • WASHINGTON, D.C. 20006 • PHONE (202) 833-8310 • TWX 710-822-9409

AMA WASHINGTON

HARRY N. HINTON
Director
WAYNE W. BRADLEY
Assistant Director

November 30, 1972

Mr. Murray Leipzig
Director, Health Policy Elective
The Institute for the Study of
Health and Society
1050 Potomac Street, N.W.
Washington, D.C. 20007

Dear Mr. Leipzig:

I enjoyed meeting with your Institute participants.

I would be happy to talk to another group this Spring.

Sincerely,

Wayne W. Bradley

Wayne W. Bradley

WWB/pr

TEACHING TECHNIQUES:

At least ten different teaching techniques were employed during the demonstration health policy elective courses. These are listed below with a brief description:

1.) Student Coordinators - a different student was assigned (actually self-selected) to coordinate a given day's topic. This meant the student would do more intensive reading on the subject ahead of time, generate a list of questions and areas of particular interest that the coordinator believed the rest of the students had, meet or talk to the speakers ahead of time to convey the list of questions and to give them some background on the type of students in the course. Additionally the student coordinator was responsible for the on-going session on his or her day and for leading discussion during it. It was most often necessary to supplement this activity with the ISHS faculty members, project director, and assistant project director.

2.) Scheduling of small groups-direct visits to health facilities. These were done one day a week, with information on the particular facilities provided in advance. The students were given contacts within the facilities - physicians, health practitioners and administrators - to meet with and discuss how the particular organization worked, the type of patients it saw, how it met the needs of the patients it was serving. A letter is attached following, to indicate the role that the contact at the facility was to play. This devise was instituted during the second course in response to a problem that arose in the first course; namely that the different experiences the students had brought them in with a great deal of disparity in the understanding of what different health subsystems were and how people received their care, the problems involved, etc. To alleviate this problem small group sessions were established and worked quite well. Part of the time on Friday morning was devoted to a discussion of what had happened. The disadvantages to this device manifest themselves when a student would not prepare sufficiently ahead of time to make good use of those resource people available in the institutions. The second problem was always to get students going where they were interested but not making the group too large so that it becomes a show-and-tell group situation. This was accomplished by giving the students their first, second and third choice on different weeks and trying to match them up as accurately as possible.

3.) Representatives of different health delivery systems and speakers on topics such as special health needs of different groups (mental health, the aged, the poor, etc.) were brought in on the last day of the week during which time the direct contact with the health delivery systems were discussed. This gave the students an opportunity to relate their direct experiences and how patients are receiving care, to the perceived needs of these groups. In most cases the Thursday and Friday sessions were scheduled for the same general topic.

4.) Panels were established with speakers who had opposing views. This may have been one of the most promising aspects of the course, as groups with totally different viewpoints - the AMA and the Medical Committee for Human Rights, the practicing physician and a member of the Board of Trustees of a hospital, the controller of a hospital and the representative of a health insurance company. The main drawback to this method of session is that often resource people become the dominant parties to the discussion and those students who are not aggressive are totally left out unless their attention span is extremely long and patient.

5.) The group was often broken down into very small groups of two and three to analyze particular cases or concepts and to present their views back to the general group for discussion.

6.) A technique known as Instant Memory was employed by the coordinators to alleviate the pressure on taking notes. (Some speakers did not want their comments tape recorded). In this instance the coordinator or the faculty member would keep a continual memory running of points made or the discussion on large sheets of paper posted on the wall so that they could be referred back to. This allowed discussion when points finally began to sink in later on in the morning.

7.) Continual evaluation was employed both verbally and in writing, to modify the course and materials as the course progressed. In addition to helping us modify the course, it relieved the anxiety of the students about problems they were facing.

8.) Reading material was made available to the class ahead of time. With the volume of material we were using, this was often a difficult problem and very often meant only having the material available one to two days ahead of time. When ever possible, though, it is best to give the students three or four days to read the quantity of material we had, and this will probably be possible within a normal school situation since the course will not meet every day.

9.) Faculty we chose represented all the different disciplines, points of view, and was integrated both in terms of race and sex. Attached is a break-down of our faculty.

10). Health Simulation Gaming was used very effectively within the course to employ non-threatening situations under which behavior could be drawn out. The Health Planning Game I was used during discussion of Comprehensive Health Planning, provided numerous occasions later in the course for reference. Additionally an ethics simulation entitled Kidney Dialysis - Who Shall Live and Who Shall Die? - was used during the discussion of the right to medical care. Both of these simulations take time to play but the time is justified by the results. The most important thing to remember in simulations of this nature, is to place students with strong personalities in stronger roles, even if these roles are totally opposite to their natural role; if the game is designed for a strong personality & a person with a more reserved nature tries to play it, the game may fail. As with all games, much of the value occurs after the game is finished and discussion ensues.

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY
1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

January 11, 1973

Dr.

Dear Dr.

Thank you again for agreeing to participate with the Health Policy Elective Course.

As we discussed on the phone, the students will meet you at your office at 10:00 a.m. on February 1st, 1973 (Thursday).

As you may recall from our phone conversation, we have established a series of small health teams (3 persons), contacts with various health subsystems (private, group practice, public, University, and special). By being able to spend time with you in your practice, and possibly some time at the Community Mental Health Center, we are anticipating that the experience will encourage and stimulate students to raise questions for themselves concerning the comprehensiveness of the particular health subsystem; how it works; its ability to accomodate patients' health related needs; the way in which manpower and resources are utilized and any new or different functions or roles being performed by health professionals and ancillaries; how the health insurance or payment mechanisms influence and/or hinder the system, and in general what the strong and weak points of the system appear to be.

The following morning we will be discussing the direct experiences in class to try and discover how the different health subsystems are able to respond and what their limitations are or seem to be.

I am hopeful you will enjoy the opportunity to work with this small team of students. Thanks again.

Murray Leipzig
Director

FACULTY REPRESENTED

Blacks: 1 from federal government, 1 from state government
1 on migrant health, 1 unionist, black woman dentist
2 consumer board chairmen, 1 member of RMP, 1 doctor developing an HMO

Women: 2 from federal government, 2 from state government
3 from lobbying groups for National Health Insurance
1 employee of NAS-Institute of Medicine, 1 from ARC
1 director of a nursing home, 1 with Mental Health Law
2 consumer leaders, 1 CHP staff director

Asian-American:
1 from federal government, 1 from Nader Health Research Group

Spanish: 1 director of a community mental health center

SYLLABUS:

Fall 1972

Spring 1973

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY
1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

HEALTH POLICY ELECTIVE

Outline of Curriculum

Fall, 1972

WEEK I (Sept. 18-22) Orientation

Mon.	Off
Tues.	Preview of curriculum, assignment of preceptorships
Wed.	
a.m.	History of U.S. health policy development
p.m.	Current trends and future directions
Thurs.	Ethics of modern medicine
Fri.	Sharing by students of their preceptorship designs

WEEK II (Sept. 25-29) Services, In-Patient and Out-Patient

Mon.	What constitutes "comprehensive" care: maternal & child, youth, gyn, adult
Tues.	Nursing homes, extended & domiciliary care, rehabilitation
Wed.	Preventive care - screening Dentistry
Thurs.	Outreach - nutrition, patient education
Fri.	Mental health, drug abuse, alcoholism, mental retardation

WEEK III (Oct. 2-6) Resources - Delivery Systems & Manpower

Mon.	Hospitals - voluntary, proprietary, public, V.A., military
Tues.	HMO's and medical care foundations
Wed.	Clinics - Hospital OPD and EW, health dept. and OEO clinics pre-paid plans, free clinics
Thurs.	Manpower - supply and demand, allocation and licensure Training programs and schools Women, minorities, foreign graduates, retired professionals
Fri.	Manpower education Changing emphases - multidisciplinary approach, community and social medicine The three-year medical school systems approach The cost of education Effects on the health system

WEEK IV (Oct. 9-13) Role of Federal Government

Mon.	Federal health organization, Congressional committees Federal budget for health, national priorities, HSMHA, PHS
Tues.	NIH - NIMH
Wed.	HEW: Regionalized programs - RMP Regulatory agencies - FDA, NIOSH, (EPA)
Thurs.	HEW: Social Security Administration - Medicaire/Medicaid
Fri.	OEO, Appalachian Regional Commission

WEEK V (Oct. 16-20) Role of State and Local Government; Private Sector

Mon.	State government - budget, organization, legislation, Federal programs with state-matched funds, state control
Tues.	State health dept. - programs, functions, services Local health dept. - programs, functions, services
Wed.	Local government - budget, organization, legislation Federal and state programs with direct funding, local control
Thurs.	Private sector: Unions, employees, hospitals (proprietary and voluntary) Voluntary associations - foundations, churches
Fri.	Private sector: Professional societies, medical schools Pharmaceutical and insurance companies, consulting firms

WEEK VI (Oct. 23-27) Health Planning

Mon.	Regional & local, rural & ghetto planning; planning legislation Who plans, who is represented
Tues.	Determining needs: Data, statistics, mapping of population & disease Assessment of facilities, manpower & technology Planning of new services, facilities, networks & training programs Hill-Burton
Wed.	Planning for special needs: Occupational safety and health Blacks, migrants, Spanish, Indians - disease of poverty
Thurs.	Meeting consumer demands and priorities for services Consumers as planners, training programs for planners
Fri.	Health planning simulation game

WEEK VII (Oct. 30-Nov. 3) Quality Control

- Mon. Licensure and re-licensure of personnel
  - Accreditation of facilities - standards, methods
- Tues. Evaluating quality of care:
  - Internal peer review, death/tissue committees
    - Utilization review, drug safety, medical audit
- Wed.
  - External audit and evaluators
  - Medical records (Weed system), computerization of data
- Thurs. Regulating quality:
  - Who is legally responsible for quality; the role of the medical director; accountability to whom
  - Grievance procedures of facilities, and of medical societies
  - Consumer role in quality control and audits
  - Advocacy programs, legal channels, malpractice
- Fri. Preceptorship progress reports

WEEK VIII (Nov. 6-10) Financing, Cost Control and Management

- Mon. Cost of health care - what the health dollar pays for
- Tues. Who pays, who can afford it:
  - For services - the patient, third party (government insurance)
  - For facilities - public funds (capitation, ear-marked funds)
    - private funds (foundations, fund-raising, bonds)
- Wed. Cost control:
  - Provider mechanisms, internal facility mechanisms
  - Legislation and regulation - rate setting, price control, insurance commissioner, etc.
  - Consumer role in cost control, and "shopping guides"
- Thurs. Managing the health care system:
  - Government, hospital, and clinic administrators
  - Hospital structure - trustees, administration, committees
- Fri. Consumer/worker control over facilities
  - Unionization of health workers and its effects
  - Health systems of other countries

WEEK IX (Nov. 13-17) National Health Legislation

Mon. Comparison of proposed bills on National Health Insurance
Tues. Critiques of bills by special interest groups
Wed:
a. m. Welfare reform - HR 1, related bills
p. m. What needs to be covered in national health legislation
Thurs. Students will write their own national health legislation
Fri. Students will write their own national health legislation

WEEK X (Nov. 20-22) Other Legislation, Health Law

Mon.
a. m. History of other national health legislation
Legislation that is left up to the individual states
p. m. Health law groups - challenges to the health delivery system
Health and the media
Tues. How far have we moved toward solving the health care crisis?
How far have we moved toward health as a right?
Wed.
a. m. Final preceptorship reports
p. m. Final preceptorship reports
Thurs. HOLIDAY
Fri. HOLIDAY

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY
1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

Course Outline

HEALTH POLICY ELECTIVE COURSE

Spring 1973

Contact: Murray Leipzig
Ava Wolfe

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY
1050 Potomac Street, N.W., Washington, D. C. 20007
202-338-7055

HEALTH POLICY

Outline for the Spring Session

Date/Session	Topic	Session a 9:00 - 10:30 Session b 11:00 - 12:30 Session c 1:30 - 3:00

Daily Schedule: Discussion 8:30 - 9:00

WEEK 1 January 22 INTRODUCTION

a) Course Orientation
b) Introduction to the Health Care System
c) History of Health Policy and current directions

January 23 THE HEALTH CRISIS

a) The Health Crisis/What Can Be Done
b) The Governmental Approach
c) The Consumer Role

January 24 ETHICS

a) Health as a Right/Obligations of Health Professionals
b) Life/The Quality of Life
c) Applying Technology/Screening

January 25 HEALTH SYSTEMS/HEALTH SERVICES

Direct contact with primary care

January 26 COMPREHENSIVE PRIMARY CARE

a) patient education/prevention/continuity/outreach
b) Health systems responses
c) evaluation

Weekend assignment: Develop input for a consumer health survey

WEEK II January 29 THE CONSUMERS VIEW

a) Designing the survey
b) Conducting consumer survey
c) Conducting consumer survey

January 30 FEDERAL INVOLVEMENT IN HEALTH

a) 8:30 - 10:00 - Interpretation of consumer survey
   National Health Priorities
b) Federal Health Organizations - HSMHA
c) Regional Medical Programs/(RMP)

January 31 FEDERAL LEGISLATION/REGULATION

a) Congress and the Legislative Process
b) Programs and Finances
c) Regulatory Agencies (FDA/OSHA)

February 1 HEALTH SYSTEMS/HEALTH SERVICES

Direct contact for Mental Health (Alcoholism and Drug Abuse)

February 2 COMPREHENSIVE MENTAL HEALTH CARE

a) Mental Health - Federal Involvement
b) The delivery systems responses/The role of Mental Health Care
c) evaluation

WEEK III February 5 FEDERAL RESPONSE TO THE POOR

a) OEO
b) Applachian Reg. Commission
c) Welfare Reform/Welfare Rights

February 6 FINANCING HEALTH CARE

a) Paying for Health Facilities
b) Federal Response: Medicare
c) Federal/State Response: Medicaid

February 7 CHANGING ORGANIZATIONAL STRUCTURES FOR HEALTH CARE DELIVERY

a) Health Maintenance Organizations
b) Group Prepaid Practice
c) Paying for Health Services

February 8 HEALTH SYSTEMS/HEALTH SERVICES

Direct contact for the maternal and child care, and the aged

February 9 COMPREHENSIVE CARE

a) Delivery systems response to the aged/Federal response
b) Delivery systems response to Maternal and Child Care/Federal response
c) evaluation

WEEK IV February 12 MANPOWER

a) Supply and Distribution
b) Developing new and expanded roles for health professionals
c) Unionization

February 13 MANPOWER
HEALTH CARE COSTS

a) Training physicians/health teams
b) Hospital costs/Internal controls
c) Health Systems Management

February 14 CONTROLLING HEALTH CARE COSTS

a) Health Insurance/Private Companies and the Blues
b) External cost controls
c) Health Care Management: consumer boards

February 15 HEALTH SYSTEMS/HEALTH SERVICES

Direct contact for comprehensive care - ancillary services

February 16 COMPREHENSIVE CARE

a) Delivery system responses - (nursing, dentistry)
b) Delivery system responses - (pharmacy, social work)
c) evaluation

/EEK V February 19 HEALTH PLANNING
MEDICAL LEGAL INTERFACE

a) Health Planning Simulation
b) Health Planning Simulation
c) Patient advocacy/Malpractice

February 20 STATE GOVERNMENT INVOLVEMENT IN HEALTH
HEALTH PLANNING

a) Health Departments/Programs and Priorities
b) State Legislation
c) Health Planning Legislation

February 21 HEALTH PLANNING
LOCAL GOVERNMENT INVOLVEMENT IN HEALTH

a) Public/Private Planning
b) The Consumer and Health Planning
c) City/County Health Departments/Legislation

February 22 QUALITY IN HEALTH CARE

a) Licensure and Accreditation
b) Internal Programs/Peer Review/Audit/Utilization Review
c) External evaluation

February 23 PRIVATE SECTOR

a) Professional Societies/AMA
b) Business Sector
c) Activist groups/MCHR

Weekly sessions during Preceptorship - 8:30 a.m.

March 1

a) Health Research: NIH
b) Nutrition
c) Discussion of Preceptorships/Evaluation of Course Sessions

March 8

a) National Health Priorities/the Budget
b) Preceptorship discussion
c) writing National Health Legislation

March 15

a) Preceptorship discussion/special interest speakers/Health Policy discussions
b) Peer Review Simulation
c) writing National Health Legislation

March 22

a) Preceptorship discussion/special interest speakers/Health Policy discussions
b) Preceptorship discussion/special interest speakers/Health Policy discussions
c) writing National Health Legislation

March 29

a) Final preceptorship reports - oral
b) Final preceptorship reports - oral
c) Conclusions

BIBLIOGRAPHY

The development of a bibliography for the Health Policy Elective Course was a third major endeavor. The volume of reading is so extensive it seems almost unlimited. But although it is unlimited in quantity, many subjects are not treated well in the literature. Because of this many supplemental papers were prepared and these are included as part of the Curriculum Guide.

Other schools trying to put on Health Policy courses used our materials and reading lists during the previous year; among them Wayne State University in its Ethics course and Swarthmore University in its Health Policy course. In the coming year the University of Massachusetts Medical School, the Health Planning Department of Southern Illinois University, and Howard University's Community Medicine Department in addition to many, many other schools will be using the basic materials we have developed to teach a course in Health Policy.

A single copy of all the readings used during the second course, well over 1500 pages worth, is also being submitted under separate cover. This material will be re-programmed into the model curriculum and whittled down to a more manageable size in that curriculum. Permission to reproduce has not been gotten from the authors of the articles and this will need to be done by whatever agency distributes the materials.

The Institute For The Study Of Health And Society
1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

REQUIRED READING

Monday, January 22, 1973

HISTORY OF HEALTH POLICY & CURRENT DIRECTIONS

INTRODUCTION TO THE HEALTH CARE SYSTEM

1. "From Family Doctor to Medical-Industrial Complex: How the System Grew," from THE AMERICAN HEALTH EMPIRE.

2. Somers, Anne, "Some Basic Determinants of Medical Care and Health Policy," Milbank Quarterly Journal, 1968, Part II.

3. Kelman, Sander, "Toward the Political Economy of Medical Care," Inquiry, Volume VIII, Number 3.

4. Kissick, William, "Health Policy Directions for the 1970's", NEJM, June 11, 1970.

*5. The Health Care System - What Kind of Animal Is It (revised) Suzanne Jaworski

*6. Elements of the Health Care System (ISHS Handout)

Tuesday, January 23, 1973

THE HEALTH CRISIS

1. The Role of Health Care Institutions In an Era of Community Challenge. Paul B. Cornely, M.D., JME, Vol. 46, March 1971, pgs. 190 - 197.

2. Heal Yourself. Report of the Citizen's Board of Inquiry Into Health Services for Americans, Ch. I and Ch. V.

3. U.S. Health Care, Stephen P. Strickland, Chs. 1 and 3.

4. The Surge of Community Involvement, Med. World News, May 19, 1972, pgs. 51-63.

*5. A Ladder of Citizen Participation, Sherry R. Arnstein, Consumer Participation in Health Crises, Vol. 2, pg. 7.

*6. Citizen Participation Strategies - Edmund M. Burke, Consumer Participation in Health Crises, Vol. 2.

*7 Why is Community Control an Issue, Consumer Participation in Health, Vol. 2, pg. 1-8. Suzanne Jaworski.

8. Your Health Care in Crisis, Health Policy Special Report, May, 1972.

* hand out in class

REQUIRED READING

Wednesday, January 24, 1973

1. Veatch, Robert M., Medical Ethics in a Revolutionary Age, Second National House Staff Conference, March, 1972.
2. Wolfe, Sidney, The Boundaries of the Physician's Involvement, Second National House Staff Conference, March, 1972.
3. Thorne, Barrie, "Characteristics of Professions"(Work Sheet).
4. "Government Impact on Hospital Practice - Insurance Data Bank Attacked as Abuse of Confidentiality", Hospital Practice, August, 1972.
5. "Medicare's Secret Data" by Mal Schechter, Washington Post, Sept. 26, 1971.
6. "Medical Care as a Right: A Refutation", Reprint from New England Journal of Medicine, Dec. 20, 1971.
7. "Are Periodic Checkups Worthwhile?" by Morris Fishbein, Medical World News, Jan. 21, 1972.
8. "City Planning Pilot Center Giving Wide Health Tests", New York Times, July 12, 1971.
9. "Multiphasic Testing", Medical World News, October 15, 1971.
10. "Biochemical Screening - A Critique" by Robert C. Ahlvin, The New England Journal of Medicine, November 12, 1970.
11. "Multiphasic Health Testing and Medical Care as a Right" by Sidney R. Garfield, The New England Journal of Medicine, November 12, 1970.
12. "6 Million Children Now Eligible for Medical Examinations & Treatment"
13. "Drugs, Doctors & Deceit", New England Journal of Medicine, January 13, 1972.
14. "The Right to be Sick" by Daniel W. Schwartz, Medical Opinion & Review.
15. "The epidemic no one talks about" by Evelyn A. Mauss, Health Rights News, December, 1971.
16. Medical World News, October 15, 1971.
17. Cartoon.
18. "Health & the Politics of Technology" by Elliot A. Krause, Inquiry, Vol. VIII, No. 3.

REQUIRED READING

Thursday, January 25, 1973

1. Delivery Systems
2. Completing the System - Other Community Health Resources
3. "A Perspective on the Root Causes of Illness" by Susan Riverby
4. The Primary Care Team
5. "Delivery of Personal Health Services & Medical Services for the Poor" by Howard J. Brown, Milbank Memorial Fund Quarterly, January 1968, part 2.
6. "Editorial: Neighborhood Health Centers", Health/Pac Bulletin, No. 42, June 1972.
7. "Free Clinics", Health/Pac Bulletin, No. 34, October 1971.
8. OPD and EW
9. "The Great Emergency Game" (Part 4 of the Crisis in Emergency Care), Medical World News, March 5, 1971.

REQUIRED READING

Friday, January 26, 1973

1. Comprehensive Patient Care Evaluation, Office of Interdepartmental Curriculum, College of Human Medicine, Michigan State University.
2. Mobile Health Systems, Inc., Bio Medical Automobiles, Bio Medical Mobilevans, JAMA, Vol. 212, No. 12, June 22, 1970.
3. Discussion Guide for the 1972 National Health Forum, People Keeping Healthy: Goals and Approaches to Consumer Health Education, National Health Council, March 21-22, 1972.
4. What is a Public Health Educator? Society for Public Health Education, Inc., San Francisco, California
5. Decision Matrix for Health Education
6. Doctors as Health Teachers Found Able to Cut Infant Mortality, Hospital Tribune World Service, 3/22/71.
7. Why be Healthy? A Commentary by Nicolaus von Hoffman.
8. New Horizons in School Health, Massachusetts Department of Public Health, NEJM, Vol. 286., No. 2, 1/13/72.
9. Prince George's Loses Funds for Poor Child Program, Washington Post, 4/25/72.
10. Abortion Referral in a Large College Health Service, JAMWA, Vol. 27, No. 8, Margaret W. Bridwell, M.D. & Louis W. Tinnin, M.D., University of Maryland.
11. Mental Health Service in a Community College, AJN, June, 1971, Vol. 71, No. 6, Judith H. Carey & Jacqueline Swartz.

REQUIRED READING

Tuesday, January 30, 1973

FEDERAL PRIORITIES & BUDGET

1. President stresses health goals, American Medical News, January 31, 1972.
2. U.S. health spending to rise $1.7 billion
3. U.S. health spending soars
4. 1973 Budget: Administration Bets on Applied Science, News & Comment
5. Aid to Disadvantaged Youth Increased in Health Budget, World Medical Reports, Pediatric News, March, 1972.
6. The High Priority Given to Highways, Washington Post, 11/24/71
7. Bittersweet health budget: some win, some lose, Medical World News, February 11, 1972.
8. Mr. Nixon's Veto, The Washington Post, Friday, August 18, 1972. Richardson Sees End to Social Ills, The Washington Post, Friday, August 18, 1972.
9. Health Budget Slashed, Washington Post, January 5, 1973.
10. Administration to Propose Dismantling of OEO, Washington Post, January 24, 1973.
11. Budget Watchdogs, Washington Post, January 7, 1973.
12. Back Door Revenue Sharing - And on a Big Scale, August 7, 1972.
13. A Request to Congress - Save Social Service Funds, 8/25/72 Fund Ceiling Kept on Social Services, 9/12/72.
14. Health Economics, Ramparts, June, 1971.
15. Polio, Diphtheria, Measles: Immunization Lag is Feared, Hospital Tribune Report, April 19, 1971.
16. The Office Nurse, Supplement to Pediatric Basics, No. 7.
17. National Priorities, Disease Control, Science, 1/7/72:
18. U.S. Aid Gushes to Chicanos as Election Nears, Washington Post, 8/22/72.

REQUIRED READING   Session II
HEW CENTRAL FUNCTIONS
January 30, 1973 Tuesday

1. President Realigns His Staff, Washington Post, January 6, 1973.

2. America's Health Crisis Held Traceable to HEW, Washington Post,

3. Health Hierarchy: Marston Fired and He's Not the Only One, Science, December 22, 1972.

4. Congressman Seeks Department of Health, Washington Post, May 29, 1972.

5. Special Article: Role of the Federal Government in Health and Medical Affairs, Philip R. Lee, M.D.

6. HEW Civil Rights Activities, February, 1972.

7. Lag in Curing HEW Job Bias Cited, Washington, D.C., 9/22/72.

8. The VD Epidemic, Washington, D. C., April 29, 1972.

9. The doctor's role in gonorrhea control (In Consultation)

10. Epidemiologic Notes and Reports Strongyloidiasis Associated with Malnutrition - Florida, Morbidity and Mortality, Vol. 21, No. 33, August 19, 1972.

11. PHS Hospitals Get Reprieve, Medical World News, April 2, 1971.

REQUIRED READING (Session 3)
HEW REGIONAL
Tuesday, January 30, 1973

1. Perspective on Poverty, by Phillip V. Sanchez, Director, Office of Economic Opportunity.
2. HEW Decentralizers Exampt Research, Science, 6/26/70.
3. The Thermodynamics of Regional Planning, Charles E. Lewis, M.D. F.A.P.H.A.
4. Regional Medical Programs Service, Dr. Harold Margulies, Acting Director, HSMHA World, Nov. - Dec. 1971.
5. RMP Review Criteria, December 28, 1971.
6. Definitions

REQUIRED READING (Session 1)

HEALTH LAW

Wednesday, January 31, 1973

1. American Health Care and the Legal Process: Curriculum Guide and Sourcebook of Readings, Alan Kenneth Kaplan, June, 1972.
2. Hospital Duty to Provide Emergency Medical Care for the Indigent and Medically Indigent, National Institute for Education in Law and Poverty, Clearinghouse Review, Vol. 4, No. 7, November, 1970., by Craig Cullen, J.D.
3. Free Care in Hill-Burton Hospitals, Washington Report, Modern Medicine, August 7, 1972.
4. Hospital Care for Poor Facing Benign Neglect, Washington Post, July 14, 1972.
5. The Poor Have a Friend in Court, Health Lawyers, Richard D. Lyons.
6. Poverty Law, The New Republic, April 22, 1972.
7. Blocks Shift in Legal Aid, Washington Post
8. Your Rights as a Patient
9. American Hospital Association Backs Patients' 'Bill of Rights', New York Times, Tuesday, January 9, 1973.

REQUIRED READING (2nd Session)

Wednesday, January 31, 1973

1. The Taxman Cometh, Health/PAC Bulletin, June 1971.
2. A Bigger Bite, Social Security, The New Republic, Robert W. Dietsch, 1/6/73
3. The Tax Reform Issue, The Washington Post, Hobart Rowen, 4/27/72.
4. National Health Insurance, Brief Outline of Pending Bills, Committee on Finance, U.S. Senate.
5. National Health Insurance Responses to Health Care Issues, William S. Flash, University of North Carolina, Public Administration Review, September/October 1971.
6. National Health Insurance: A Review of Policies and Proposals, I.S. Falk, Symposium on Health Care, Part II, Autumn 1970, Duke Law School.
7. Law and Contemporary Problems, Evaluation and Advocacy, National Health Insurance.
8. Summary of Provisions of the Eight Proposals
9. Medical Committee for Human Rights, Preliminary Position Paper on National Health Care, September 1971.
10. Catastrophic Insurance: The Wrong Way to Health Care, by Max W. Fine.
11. The Kennedy Bill
12. The Delivery of Medical Care, by Sidney R. Garfield, Scientific American, April 1970, Vol. 222, No. 4.
13. Kennedy, Mills Unite on Total Health Plan, by Richard L. Lyons, Washington Post, 6/16/72.
14. National Health Insurance Reports, Mills' Views on NHI Legislation, Publications, Inc., Vol 2, No. 6, March 13, 1972.
15. National Health Insurance: An Idea Whose Time Has Come? by Sylvester Berki, The Annals of the American Academy, January, 1972.

REQUIRED READING (3rd Session)

Wednesday, January 31, 1973

1. Food and Drug Administration: Is Protecting Lives the Priority? Science, April 1971.
2. Drugs that Don't Work, The New Republic, January 29, 1972.
3. Delaney Amendment under Attack Again, Environment Action Bulletin, October 21, 1972.
4. Consumer Advocate Bill Wins Senate Unit Approval, Washington Post, August 18, 1972.
5. Senate Panel Votes to Create New Consumer Safety Agency, Washington Post, March 22, 1972.
6. Faster FDA Action Asked in Lawsuit, Thomas P. Southwick.
7. Opinion & Dialogue, PMA
8. Pharmacy Ads are Criticized, Washington Post, July 18, 1972.
9. Ribicoff Still Unsatisfied with Control over Vaccines, Washington Post, May 18, 1972.
10. How the Consumer is "Protected", Washington Post, June 3, 1970.
11. Child Accident Data Collected by Computer, Washington Post.
12. OSHA: What Good is the Law?
13. Oil, Chemical and Atomic Workers Demand Ban of Toxic Chemicals, Washington Post, December 31, 1972.
14. Time Extension on Job Safety is Invalidated, Washington Post, December 30, 1972.
15. New American Movement: Industrial Bill of Rights.
16. The HSMHA Family, Dr. Marcus Key, National Institute for Occupational Safety and Health, HSMHA World, Nov.-Dec. 1971.
17. Bureau of Community Environmental Management, Mr. Robert E. Novick, HSMHA World, Nov.-Dec. 1971.
18. The Cleaning of America (Don't Hold your Breath), James Ridgeway.
19. Sen. Gravel on the Nuclear Power Choice, July 25, 1972.

20. Public Law 91-596, 91st Congress, S. 2193, December 29, 1970.

21. Fighting Noise...a manual for worker action, Is This The Price Of Health and Safety?

REQUIRED READING
Wednesday, January 31, 1973 (3rd Session)

Supplement to FDA

1. The FDA: Battling and Embattled, by Morton Mintz
   Washington Post, 2/5/73
2. Should the FDA Be Dismantled? by Morton Mintz
   Washington Post, 2/4/73
3. Ltr to Editor, New York Times, January 17, 1973, from Bertram Robert Cottine, Health Research Group
4. Reactions to FDA Orders, Washington Star, Jan. 24, 1973.
5. Cyclamate Bailout Bill Criticized as Bad Precedent, Tax Burden, by Morton Mintz
   Washington Post, 9/19/72.
6. Keeping the Lid on Governmental Secrecy, Modern Medicine, July 10, 1972.
7. FDA to Reduce Number of Formal Recalls, Drug Trade News, 12/31/71

Supplement to National Health Insurance

1. Wilbur Cohen on Health Care - An Interview by Henry Brandon,
   Washington Post, 2/4/73.

REQUIRED READING
Thursday, February 1, 1973

1. Organizational Patterns of Community Mental Health Centers, Alan I. Levenson
2. Nader: Subsidized Mental Health Centers Fail, by Victor Cohn, Washington Post
3. RAP: Help for Addicts, by Angela Terrell, Washington Post, September 27, 1972.
4. The Case Against Methadone, by Daniel Casriel, M.D.
5. The Heroin Plague: What Can Be Done?, National Affairs, Newsweek, July 5, 1971.
6. Alcoholism and Alcohol Education, NIAAA, Morris Chafetz, Vol. 1, No. 1, September, 1971.
7. One Man's View of Alcoholism and the Alcoholic, Isadore Tuerk, M.D. Commissioner of Mental Hygiene
8. Maryland's Alcoholism Law Works! Report of the Division of Alcoholism Control, January 1, 1969 - June 30, 1970.

REQUIRED READING
Friday, February 2, 1973

1. Future Delivery of Psychiatric Services, Perry C. Talkington, M.D., President, American Psychiatric Association

2. The Mental Health Industry: This Way Lies Madness, by Andrew Kopkind and James Ridgeway, Ramparts, Feb, 1971, Vol. 9, No. 7.

3. Memo from Lois Chatham, Chief-NARB to Action Associate Director for Special and Collaborative Programs, Regarding Conflicting Institute Policies (DHEW, PHS, HSMHA)

4. Curbs on Use of Behavior Control Urged, Washington Post, December 28, 1972.

5. Addict Rehabilitation - Public Attitude, by Luiz R.S. Simmons, Vital Speeches of the Day, September 1, 1972, Vol. 38, No. 22.

6. Alcoholism and Alcohol Education, Administration Alcoholism Budget "Inexplicable", Massive Increases Sought for Fiscal '73, Vol. 1, No. 9, May, 1972.

7. Principles for Mental Health Provisions in National Health Insurance, The National Association for Mental Health, Inc., Bulletin #1, August 1971

8. National Health Insurance and Mental Health - Promise or Threat? Irving H. Chase, President-Elect, June, 1971, Supplement to Bulletin #1.

9. How Will People Who are Mentally Ill Fare in National Health Insurance Legislation?, Bulletin #2, Nov., 1971.

10. A Modern Myth: Including Coverage for Mental Illness in Insurance Plans Causes Rates to Skyrocket, Bulletin #3, March 1972.

11. Special Article: Social Aspects of Medical Care for the Mentally Retarded, Margaret Adams, M.A. (oxon), The New England Journal of Medicine, Vol. 286, No. 12, March 23, 1972.

12. Available Funding Sources in the Federal Government, DHEW.

REQUIRED READING
Monday, February 5, 1973 (1st & 2nd sessions)

1. Review Article: Organized Health Care and the Poor, by Donald L. Madison, M.D.
2. OEO Activities in Improving Health Care and Health Delivery Systems in Low-Income Areas.
3. Health Programs, OEO pamphlet 6128 - 14, April, 1971.
4. Issues in the Development of Neighborhood Health Centers, George A. Goldberg, M.D., Frederick L. Trowbridge, M.D., Robert C. Buxbaum, M.D., Inquiry, Vol. VI, No. 1.
5. New Health Corporations and the Neighborhood Health Center, Appendix C, March 10, 1970.
6. Regionalism, Appalachian Regional Commission Health Program, by Ralph S. Pollock, October 13, 1972.

REQUIRED READING
Monday, February 5, 1973 (3rd session)

1. Welfare: Myth Vs. Reality, Movin' Together, September 21, 1971.
2. 'As the Political Rhetoric Heats Up', A Crucial Stage for Welfare Legislation, by Nick Kotz, The Washington Post.
3. "A Report on HR 1", By Eveline M. Burns, Ph.D., NWRO.
4. Nixon's WELFARE REFORM F.A.P. and O.F.F., How will it affect the nation's health?
5. The Children of HR 1, NWRO, March 25, 1972.
6. NWRO Defeats F.A.P.
7. Child Care Bill Veto Prolongs National Shame, Carl T. Rowan
   Senate Gives New Life to Big Day-Care Package, Michael Malloy (Post)
8. Letter from Dr. Wolfe to Dr. Zigler, 12/14/71
9. Senate Panel Votes Rise in Old-Age Aid
   Funds Sought for 'Workfare' - Washington Post, 6/14/72
10. Food Stamp articles - April 26, 1972, Washington Post
11. Council Set to Vote Welfare Revision 8/15/72
    U.S. Seeks 427 to Eye Welfare Cost Feb/72
12. 3 Welfare Articles from the Washington Post.

REQUIRED READING
Tuesday, February 6, 1973 (1st Session)

1. Hill Burton Construction Program - legislative background, 1946 - 1970 HEW Publication No. (HSM) 72-4005.
2. Hill Burton Construction Program - explanatory note and highlights. HEW Publication No. (HSM) 72-4005.
3. Article - Hill-Burton Building Funds Help Support Yale HMO Excerpt from Pediatrics News, March 1972.
4. Estimating Bed Needs in a Progressive Patient Care Hospital Excerpt from The Progressive Patient Care Hospital (Public Health Service Publication No. 930-C-2, 1963
5. Rationalization of Community Health Services and the Role of the Hospital, Health Care in Transition, by Anne R. Somers, Associate Progessor, Dept. of Community Medicine, College of Medicine and Dentistry of New Jersey, New Brunswick, New Jersey.

(2nd Session)

1. H.R. 1 - Conference Committee Report- Summary of Social Security Amendments of 1972 as Approved by the Conferees. Joint Publication of Comm. on Finance (Senate) and Comm. on Ways and Means (House), October 17, 1972.
2. Statement submitted in behalf of the American Public Health Association to the Comm. on Finance, US Senate re H.R.-1, Oct. 1972
3. H. Ross Perot: America's First Welfare Billionaire, by Robert Fitch Ramparts 43
4. Medicare 1971: Changing Attitudes and Changing Legislation, by Irwin Wolkstein Excerpt from Medicare and Medicaid, by Howard N. Newman, The Annals of the American Academy of Political and Social Science, January 1972.
5. Why Medicare Helped Raise Doctors' Fees, by Theodore R. Marmor Transaction, September 1968
6. $3.5 Million in Medicare Claims in Area Rejected by U.S. in '71, by Bob Woodward Washington Post, 4/12/72.
7. Medicaid Services State by State, March 1971. (HEW, Social and Rehabilitation Serv. MSA-804-71, data as of June 30, 1971)
8. The Ceiling on Federal Sharing in Social Services Expenditures, Washington Bulletin, November 13, 1972, Vol. 22, Issue 45.
9. H.R.-1 - The Social Security Act Amendments of 1972, Washington Bulletin, November 27, 1972, Vol. 22, Issue 46.

REQUIRED READING
Tuesday, February 6, 1973 (3rd session)

1. Special Article - Anticipated and Actual Effects of Medicaid on the Medical Care Pattern of Children, Klaus J. Roghmann, Ph.D., Robert J. Haggerty, M.D., and Rodney Lorenz, M.D., New England Journal of Medicine, Vol. 285, No. 19, November 4, 1971.
2. Special Report - Coming: more equitable fees under Medicaid, by Ralph M. Thurlow, Medical Economics, July 8, 1968.
3. "Running Out of Money, Not Patients", W. David Gardner.
4. Medicaid Lessons and Warnings, by Esther Spencer, Social Policy, January/February 1971.
5. Workman's Compensation, Medical Committee for Human Rights
6. Black Lung Tests Unfair, Miners Claim, by Phillip A. McCombs, Washington Post, August 26, 1971.
7. Nixon Reluctantly Signs Miners' Bill, Prefers State Law, May 21, 1972.
8. Covers for booklets for consumers (3)

REQUIRED READING
Wednesday, February 7, 1973 (1st Session)

1. Health Maintenance Organization Legislation, 1972, John T. Grupenhoff, Ph.D., Vol 1, The Health Legislation Report Series, 1973, Science and Health Publ, Inc.
2. The proposed Health Maintenance Organization Act of 1972, Cong. W.R. Roy, Sourcebook Series, Vol 2, The Science & Health Communications Group, 1972, Ch. IV, V. and Appendix VI.
3. "Health Maintenance Strategy" by Paul M. Ellwood, Jr., M.D., Nancy N. Anderson, Ph.D., James E. Billings, M.A., Rick J. Carlson, J.D., Earl J. Hoagberg and Walter McClure, Ph.D., Medical Care, May - June, 1971, Vol IX, No. 3, pp. 292-298.
4. Health Maintenance Organizations: Objectives and Issues, Beverlee A. Myers, MPH, GPO 919-258.
5. Contract Practice - Health Maintenance Organizations, Div. of Medical Practice, AMA, May 1971.
6. Maintaining the Organization's Health, Health Pac Bulletin 36, Dec. 1971, pp. 12-15,
7. Shall the CAre of our Minds and Bodies be Entrusted to the Market Place? Testimony presented before U.S. Senate Subcommittee on Health, Dec. 2, 1971 by Count D. Gibson, Jr.,MD
8. "Underlying idea shows promise" - "Kaiser's view of the H.M.O. concept", Modern Hospital, August, 1970.
9. "Health, Inc.", Boston MCHR, February, 1972 (approx.)
10. "What is it? How does it work? Why does it work?" - and other articles, Modern Hospital, February 1971.

REQUIRED READING
Wednesday, February 7, 1973 (2nd Session)

1. Chapters I - IV, Group Practice Guidelines to Joining or Forming a Medical Group, published by American Assoc. of Medical Clinics, AMA, Medical Group Management Assoc., 1970

2. Prepaid Group Practice, excerpts from The Role of Prepaid Group Practice in Relieving the Medical Care Crisis, Harvard Law Review (Vol. 84:887, Feb. 1971)

3. Problems and Perspectives of Group Practice, by E. Richard Weinerman, Bull. New York Acad. Med., Vol. 44, No. 11, November 1968.

4. Prepaid Group practice: Panacea put on, excerpt from Health/Pac Bulletin published by Health Policy Advisory Center, Inc. 17 Murray St., N.Y. 10007.

5. Foundations for Medical Care, by Carolynn Steinwald, Blue Cross Reports, Series 7, August 1971.

(3rd Session)

1. The Health Care Sector of the Economy and some Macroeconomic Relationships, by L. William Katz, DBA, Asst. Professor, Fall '72, HCA 209 - Health Care Economics and Financial Management.

2. GAO Recommends Ways to Cut Health Facility Building Costs, Health Manpower Report, November 28, 1972.

3. Reports and Comments, Medical Care Review, Vol. 29, No. 11, Dec. 1972, published by the Bureau of Public Health Economics, School of Public Health, The University of Michigan.

REQUIRED READING
Thursday, February 8, 1973

1. Gynecologist's Role in Comprehensive Medical Care, Howard W. Jones, Jr. Abstract of an article by A. Clair Siddall, from American Journal of Public Health 59:657, 1969.

2. Gynecological Exam: Be Prepared, Reprinted from the Health Organizing Collective of the New York City Women's Health & Abortion Project, appeared in Off Our Backs, Vol. 1, No. 24 Summer '71, Issue on Women's Health

3. Family Planning and the Poor, by Warren M. Hern. The New Republic, Nov. 14, 1970.

4. Toward the Reduction of Unwanted Pregnancy, by Frederick S. Jaffe Science, Vol. 174, Oct. 8, 1971.

5. Prenatal Care - Factors in Evaluating Quality. List from Am. J. Public Health, Sept. 70, 60:9, p. 1725.

6. Maternal and Child Health, by Alice D. Chenoweth, M. D. The Woman Physician, Nov. 1971, p. 553.

7. Services That Should be Available in a Pediatric Clinic. List from "How to Set up a Pediatric Clinic", compiled by Ava Wolfe, M. D. for free clinic use.

8. Teaching Hospitals: The adolescent service comes of age, by Richard L. Peck. Hospital Physician, March, 1972.

9. Present Strengths and Weaknesses in Current Systems of Comprehensive Health Services for Children and Youth, by Robert J. Haggerty, M. D., A. J. P. H., Vol. 60, No. 4, Part II April '70. Conference on Health Services for Children and Youth.

10. Women and Health by Alice Wolfson, D. C. Women's Liberation.

11. Programs of the Maternal & Child Health Service (Info not in Chenowith article, (#6), DHEW Publication No. (HSM) 72-5005.

12. Themes and Highlights of the Final Report of the Comm. on Population Growth and the American Future.

REQUIRED READING

Friday, February 9, 1973

1. The Coming of Age, by Simone de Beauvoir, The New Republic, May 20, 1972.
2. The Elderly Ill: A Silent, Defenseless Segment of Our Society, by Charles A. Ragan, Jr. Jr., M. D., Resident and Staff Physician, April 1971, p. 53.
3. Home Health Services for the Elderly, by Susan K. Kinoy, Nursing Outlook, Sept. 1969, p. 59.
4. Hawaii Starts Day Care for Elderly, by Ruth Youngblood, Washington Post, 1972.
5. U.S. Sets Up Nursing Care Ombudsmen, Washington Post, July 21, 1971.
6. Nursing Home Conditions Hit by Nader Unit, Washington Post, Dec. 18, 1970, p. A2
7. Caring for Our Aged Poor, by Louis H. Henry, The New Republic, May 22, 1971, p. 17
8. Action Stalled on Nixon Pledge to Reform Nursing Homes, Hospital Practice, Nov. 1971.
9. Pressure on Nursing Homes, Modern Medicine, August 7, 1972.
10. Objective - A National Policy on Aging, American Journal of Nursing, May 1971, p. 961
11. Report of the Public Health Committee AMWA, the 1971 White House Conference on Aging: Dr. Geraldine Dickinson, Chairman, by Margaret J. Schneider, M. D. JAMWA, Vol. 27, No. 3
12. Better Allocation of Funds Urged at Conference on Aging, by J. Y. Smith, Washington Post, Dec. 2, 1971.
13. Excerpt from "A Summary of Selected Legislation relating to the Handicapped" DHEW Publication No. (OS)72-4 (1971)
14. Alternate Residential Placement Service, Family Homes for Men and Women, Social Services Administration, Dept. of Human Resources
15. Nursing homes, Patient Care, March 30, 1972.
16. AoA Research Issues

REQUIRED READING
MANPOWER NEEDS AND LEGISLATION (I)
Monday, February 12, 1973

1. Physicians by State - Number of Active Non-Federal Physicians (M.D.) Providing Patient Care and Number of Physicians Per 100,000 Civilian Population By State for 1970, The Journal of the American Medical Association.

2. Upgrading and New Careers in Health, Sumner M. Rosen, Social Policy, January/February, 1971, Pp. 15-24.

3. 3 Levels of MD Assistant Proposed by NAS Board, Internal Medicine & Diagnosis News, October 15, 1970.

4. Medical Aides: Possible Cure for Doctor Shortage.

5. The Pediatric Nurse-Practitioner Program - Expanding the Role of the Nurse to Provide Increased Health Care for Children, by Henry K. Silver, M.D., Loretta C. Ford, Ed.D., and Lewis R. Day, M.D., JAMA, Vol. 204, No. 4, April 22, 1968.

6. Crisis in Health Care - Education for Administration of Health Services, by Mary F. Arnold, September/October 1971.

7. Women as Health Workers - The Lady's Not for Burning, by Vicki Cooper

8. Nursing Education: Teach the Woman to Know her Place, by Vicki Cooper, Paula Balber, & Judy Ackerhalt, Health/PAC, September 1970.

PARAPROFESSIONALS (II)

1. Allied Health Workers, Now & Tomorrow, by Roger O. Egeberg, M.D., HEW Publication/Manpower, October 1970.

2. Nixon Signs Bill Designed to Ease Doctor Shortage, Washington Post, November 19, 1971.
Manpower Is the Subsidy Sufficient?, Medical World News, November 12, 1971.

3. Letter from Washington, Medical Opinion, January, 1972.

4. National Health Service Corps - A Manpower Deployment Experiment, by Hubert McDonald Rimple, M.D., Modern Medicine, August 21, 1972.

5. Health Manpower Training: Funding Levels at Issue, News and Comment, Science, December 3, 1971.

6. Is AAMC Marking Time on Minorities?, Medical World News, 11/6/70.

7. What minority-group doctors have to contend with, Hospital Physician, September 1970.

8. Women in Medicine, by Judith G. Pool & John P. Binker, Hospital Practice August 1972.

9. Special Article - The Migration of Physicians to the United States, by Thomas D. Dublin, M.D., Dr. P.H., The New England Journal of Medicine, April 20, 1972.

10. Committee on Nursing - Continuing Education in Nursing, by Ruth Perkins Kuehn, R.N., Ph.D., JAMA, Vol 190, No. 6, Pp. 514 & 515.

REQUIRED READING

Monday, February 12, 1973

Unions   Third Session

1. Editorial: What Course for Health Workers, Health/Pac Bulletin, July-Aug 1970

2. The Hospital Workers: "The Best Contract Anywhere"? by Elinor Langer The New York Review, June 3, 1971

3. Doctors Reported Willing to Strike, Washington Post, 7/9/72.
   Workers' Rights, excerpt from Health Revolutionary Unity Movement, 352 Willis Ave., Bronx, N. Y. 10454

4. The Nonprofessionals Revold, by Alex Efthim. The Nation, August 5, 1968.

5. The Hospital's Campaign to Keep the Union Out, excerpt from Massachusetts Hospital Association, 225 Franklin Street, Boston, Mass., September 1967

6. Health Care - Financing and Delivery Around the World, by Milton I. Roemer. American Journal of Nursing, June 1971.

7. Britain is Better at Caring for Her Elderly, by Charles A. Ragan, Jr., M. D. Resident and Staff Physician, November 1971.

8. Sweden - Betwixt and Between, American Health Scandal, by Raoul Tunley.

9. Yugoslavia's Communist Medicine, Dr. Vukan Cupic, Director, Mother and Child Clinic, Belgrade.

10. Special Article - The Soviet Health System - Aspects of Relevance for Medicine in the United States, abstract from NEJM, 3/30/72.

11. Medical Education and Care in People's Republic of China, by E. Grey Dimond, M. D. Medicine in China, JAMA, Dec. 6, 1971, Vol. 218, No. 10.

REQUIRED READING

Tuesday, February 13, 1973

Medical Schools I)

1. Community Health - "What's happened?", by Edward D. Martin, M. D., excerpt from National Student Nurses' Association imprint, November-December

2. Newest Schools lead in innovation by Harry T. Paxton, excerpt from Hospital Physician, February 1970.

3. The Rationalization of Health Services Through Medical Education, by Dr. John H. Knowles The New Physician, December 1971.

4. Sources of Medical School Income Health/Pac Bulletin, Health Policy Advisory Center, No. 35, November 1971

5. Interment of the Internship by Russell M. Jaffe, The New Physician, November 1971.

6. Preceptorships for Residencies? Medical World News, September 18, 1970.

7. How Big is the Swing to Family Practice?, Medical World News, September 15, 1972.

8. Medical Education: Carnegie Panel Urges Expansion, Acceleration, Science, Vol. 170, November 13, 1970.

9. Continuing Education in Nursing, by Ruth Perkins Keuhn, R.N., PhD, Pittsburgh.

10. Higher Education and the Nation's Health, a Special Report and Recommendations by The Carnegie Commission on Higher Education, October 1970.

1. "Insurance Firm Defends Profits", by G. C. Thelen, Jr., The Washington Post, June 7, 1972.
2. Chart D-16. The Medical Care Dollar: Percent of Expenditures for Specified Purposes; Chart D-13. Percent Change in Hospital Costs and Length of Stay for Short-term General & Other Special Hospitals.
3. Health Care Cost, by Herman M. Somers.
4. "A Hospital Guide Compares Costs", New York Times.
5. "Curious Techniques Employed in Sale of Health Insurance, by Morton Mintz, Washington Post.
6. "AMA Rebukes Health Insurer on Cost-Cuts" by Stuart Auerbach, Washington Post, Friday, June 23, 1972.
7. Up in arms over keeping costs down, Medical World News, January 7, 1972.
8. United Fund Round-Up, Hotchpot, December-January Issue, 1971.

HE 004 400

This document describes the background and design of a multidisciplinary health policy elective course. The course is designed to study alternatives for decisionmaking in health policy, and to understand how changes can be made in the delivery of health care. Following introductory material, the course syllabus, bibliography, faculty, preceptorships, students, student projects, and evaluation procedures are described. The Health Policy Elective Course was conducted twice and (1) established a pattern of health community participation and speaker participation in the courses using them as resource persons, (2) presented an opportunity for students to work together, (3) increased student understanding of policies and policymakers, and (4) created a large corps of people who believe in a health policy course, and (5) created a good deal of interest in developing this type of program at other schools. (MJM)

*Higher Education; *Course Descriptions; Courses; Decision Making; *Health Occupations Education; Health Education; *Health Services; Interdisciplinary Approach; *Elective Subjects; Community Health Services

REQUIRED READING

Tuesday, February 13, 1973 (Second Session)

1. Doctors' Earnings Reported on the Up and Up, Medical World News, Feb. 25, 1972.

2. Brand Drugs, Generics, Prices -- and the Patient, Medical News.

3. Prescription Price List Ban Challenged, newspaper article, Sept. 1972.

4. Factors Associated with the Increasing Cost of Hospital Care, by Ronald Andersen and J. Joel May, The Annals, January 1972.

5. Can Costs Be Contained?- by Herman M. and Anne R. Somers, Medicare and the Hospitals, Brookings Studies in Social Economics.

6. VIII - Who Pays the Piper, The American Health Empire.

7. Trustees' Banks Use Hospital Money by Ronald Kessler. Washington Post, 2/4/73

8. Medicine's New Royalists by Dolores Katz, Detroit paper, Feb. 73.

9. Hospital cash complaint: Payers have the money but they keep it in the bank. Modern Hospital, August 1970.

10. Outpatient clinic for surgery, Medical World News, October 8, 1971

11. Memorial Hospital: A Case History, by Craig Hosmer, Medical Opinion & Review, February 1968.

12. Motorola, hospitals argue costs, Medical World News, Sept. 22, 1972.

13. Public Seeks Voice in Hospital Rule by Richard D. Lyons, New York Times, Tuesday, Jan. 4, 1972.

14. Where the doctors police the doctors, Business Week, Sept. 4, 1971.

REQUIRED READING
Wednesday, February 14, 1973

1. "Trying to Shake the Blues", Health/Pac Bulletin, No. 29, March, 1971.
2. "Blue Cross caught in hospital-state cross fire", (News Analysis) American Medical News, July 19, 1971.
3. "Utilization curbs urged to avert Blues' deficit", American Medical News, July 19, 1971.
4. "Blue Cross Profit Put at $95 Million", by Bob Woodward, Washington Post, April 28, 1972.
5. "Dental Insurance Coverage is Increasing", Medical World News, September 22, 1972.
6. "Senate Subcommittee Starts Probe of Health Insurance Industry", National Health Insurance Reports, March 13, 1972.
7. "Alabama Unveils Health Insurance for Low-Income Family", by Rex Thomas, The Patriot, February 24, 1972.
8. " A Doctor Who Starts Own Health Plan Gets Praise & Injunction", by Jack Kramer, The Wall Street Journal, November 23, 1971.
9. Program for Healthcare in the 1970's, Health Insurance Association of America, 1970.
10. "Sen. Long Suggests Health Consortium", by Stuart Auerbach, Washington Post, April 28, 1971.

REQUIRED READING

Thursday, February 15, 1973

1. Report of the Panel on Hospital Care (Report of the Health Manpower Commission).

2. End of the Line for City Hospitals?, Medical World News, May 9, 1969.

3. The Municipal Hospital Affiliation Plan in New York City, A Case Study and Critique, by Robb K. Burlage, "Milbank Memorial Fund Quarterly", Jan. 1968, Pt. 2

4. The Future of Medicine in the Voluntary Hospital, by Peter B. Terenzio, Medical Opinion & Review, June 1969.

5. Caring for the Veteran, Medical World News, August 6, 1971.

6. Excerpts from letter dated 12/29/71 from Robert Matz, M. D., Hastings-on-Hudson, New York to Sidney M. Wolfe, M. D., Health Research Group, Wash., D. C.

7. List of Hospital Out-patient Services

REQUIRED READING

Friday, February 16, 1973

1. Genetic Counseling, by Betty Shannon Danes, M. D., Medical World News, November 6, 1970.
2. Dental Caries: Prospects for Prevention by Henry W. Scherp, Science, Vol. 173, No. 4003, Setp. 24, 1971.
3. Excerpt from Proposed Rule Making, Pennsylvania Bulletin, Vol. 1, No. 76, Nov. 27, 1971.
4. J. C. A. H. urges pharmacists to write drug policies, Medicine and Pharmacy, July 1971.
5. Newspaper article "Kickbacks by Druggists Surveyed" dated 10/2/72.
6. Some Pharmacists Oppose Antisubstitution Laws, Medical World News, 3/5/71.
7. Pharmacology, A commentary by Nicholas von Hoffman, Washington Post, 7/21/71.
8. Sign of Change - Drug Information Center
9. Social Workers: Keeping the Pieces Together -- Health/Pac Sept. 1970.
10. Broaden Your Reading Habit, The New Physician, Dec. 1971.
11. How to gauge your lab's proficiency objectively, Patient Care, Sept. 15, 1972.
12. Private Toxicology Laboratories, Dr. Daniel T. Teitelbaum., NEJM, 2/11/71.
13. 2 Accused Labs Win Contracts, Washington Post, 6/26/72.

REQUIRED READING
Monday, February 19, 1973
Grievance Mechanisms
Malpractice
Involuntary Commitment

1. "What Were the First Cases Specifically Addressed to the Right to Treatment Issue?" Basic Rights of the Mentally Handicapped, Right to Treatment/Right to Compensation for Institution-Maintaining Labor/Right to Education, Mental Health Law Project, 1973.
2. A Bill of Rights for the Retarded, Focus on the News, Medical World News, March 10, 1972.
3. Open to Discussion: What Rights Should a Mental Patient Have? by Sid Ross and Herbert Kupferberg, Parade, Washington Post, January 2, 1972.
4. "Wrong Tool for Activists?" "Comment" section in Hospital Physician, October, 1971.
5. Ombudsman for Patient Helps Hospital Too, Medical Scene.
6. "Health Advocates for the People"
7. Hospital Liability - A New Duty of Care, Maine Law Review, 1968.
8. Science and Public Policy: The Crime of Involuntary Mental Hospitalization, by Thomas S. Szasz, M.D., Medical Opinion and Review, May, 1968.
9. Seven Steps to Insanity: Involuntary Institutionalization in the Nation's Capitol, by Robert Carr.
10. An Alternative to Malpractice Litigation, by Bernard J. Ficarra, M.D., LLD, FCLM.
11. Medical Malpractice, A discussion of alternative compensation and quality control systems, ed. by Donald McDonald.
12. Statement of Dr. Sidney Wolfe for Health Research Group before the Dept. of HEW Secretary's Commission on Medical Malpractice, December 16, 1971.
13. Intelligence Report (Parade), ed. by Lloyd Shearer, "Malpractice Suits", Washington Post, August 13, 1972.
14. "Locality Rule" Clarified in Michigan, Medical World News, January 7, 1972.

REQUIRED READING
Tuesday, February 20, 1973

1. Maryland State Department of Health and Mental Hygiene Chart of Functional Activities, 1/19/72.
2. State and Local Government
3. "City's Health Department Going Under State Control", by John Sibley, New York Times, June 25, 1971.
4. Memo from F. S. Balassone, Chief of Division of Drug Control, in reference to Senate Bill No. 883 - Chapter 403 of Article 27, Sections 276 to 302 Health-Controlled Dangerous Substances, January 1, 1971.
5. "Health, Hospitals and Mental Hygiene, Department of Health and Mental Hygiene, Budget Message to the General Assembly of Maryland and the Budget in Brief, Annapolis, January, 1971.
6. Dr. Edwin D. Lyman's Testimony at Congressional Hearing of House of Representative's Appropriation Subcommittee for the Department of Labor-HEW.
7. Secretary's Priorities by Administration, Mental Hygiene Administration.

REQUIRED READING
Tuesday, February 20, 1973

1. An Advocate of the Public Interest, Partnership for Health, U.S. Department of Health, Education, and Welfare, HSMHA, CHS, Division of Comprehensive Health Planning, Pub. No. HSM-71 6108.

2. Program Guide for Areawide Comprehensive Health Planning, Under Section 314(b) Public Health Service Act, "The Organization", December, 1971

3. Information and Policies on Grants for Training, Studies, and Demonstrations in Health Planning, Section 314(c) Public Health Service Act, as amended by Public Law 89-749, U.S. Department of HEW, PHS.

4. Comprehensive Health Services Projects, Partnership for Health Guidelines for Projects under Section 314(e) of the PHS Act, DHEW, PHS, HSMHA, CHS, pp. 1-16.

5. The Planning of Community Health Services: Facilitating Rational Decision-Making, by John T. Gentry, M.D., M.P.H., Inquiry, Vol. VIII, No. 3., pp. 4-19.

REQUIRED READING
Urban and Rural
Tuesday, February 20, 1973

1. Areawide Comprehensive Health Planning: The Philadelphia Story, AJPH, Vol. 59, No. 5, May, 1969 (by Lewis D. Polk, M.D., MPH, FAPHA)

2. Health care where you live and work (Abnaki Health Council report), Times-Reporter, Monday, December 20, 1971.

3. Are More Doctors the Only Answer to Rural Health Care? Medical World News, May 28, 1971.

4. Missing MDs - Rural Health Care Worsens as Doctors Retire, Move to Cities, by James P. Gannon, The Wall Street Journal, October 27, 1971.

5. A Microcosm of National Health Insurance: Floyd County, Ky., by Bob Young, 1971.

REQUIRED READING

Wednesday, February 21, 1973

1. "Rights Groups Ask for Role in COG", by Kirk Scharfenberg, Washington Post, March 28, 1972.
2. Involvement of Providers, *JAMA*, Vol: 44, November 16, 1970, by Joann G. Graves and William McC. Hiscock.
3. Consumer Participation in Health Planning, by Wallace L. Duvall.
4. How to make consumers real partners in planning, by Scott S. Parker and James Falick, *Modern Hospital*, July, 1972, pp. 103-106.
5. "Planning", by Joseph P. Peters, AR Annual Administrative Reviews, *Hospitals, JAHA*, Vol. 46, April 1, 1972.
6. Problems and Prospects for Comprehensive Health Planning, by Cyril Roseman, Ph.D., *AJPH*, January, 1972.
7. Potential Threat to Planning - Can planning and certification of need legislation coexist?, by Symond R. Gottlieb,
8. The Politics of Health Planning, by Herbert Kaufman, Ph.D. *AJPH*, May, 1969, pp. 795-813.
9. The Political Roles of the Planner, by Francine F. Rabinovitz, *City Politics and Planning* (New York, 1969, pp. 79-117).
10. Reflections on Advocacy Planning, by Lisa R. Peattie, *Journal of American Inst. of Planners*, 34:80-88, March, 1968.

REQUIRED READING
Thursday, February 22, 1973

1. The Medical Industrial Complex, by Barbara and John Ehrenreich, *Health-PAC*
2. The Pharmaceutical Industry: A Statement for the Record, by C. Joseph Stetler, *The New Physician*, November, 1971.
3. Two Essays (The Drug Industry, The Medical Profession-Drug Industry Alliance) by Rick Barnhart, Tufts University School of Medicine.
4. Reform and AMA: Marking Time or Watchful Waiting? *Hospital Practice*, August, 1972.
5. Chapter takes on AMA, *Health Rights News*, January, 1971.
6. NMA: After 75 years, where it is headed?, *Medical World News*, July 24, 1970.
7. The University of Iowa College of Nursing - Data on American Nurses' Association.
8. About the AAMC
9. Special Article - Expansion of Medical Institutions into Urban Residential Areas - Aftermath of the Harvard Strike, by Howard Waitzkin, *The New England Journal of Medicine*, Vol. 282, No. 18, April 30, 1970.
10. "New Medical Unit to Stress Policy", by Harold M. Schmeck, Jr., The New York Times, June 12, 1971.
11. AMA testimony before House Ways and Means Committee on NHI, September 10, 1971.
12. "Drug Critics Hit AMA Policy", by Judith Randal, Star News.
13. APHA's Dynamic Director, *MD Profile*, March, 1971.
14. Health Radicals: Crusade to Shift Medical Power to the People, Robert J. Bazell, MCHR, *Science*, Vol. 173, August 6, 1971.
15. House staffs declare independence, *Medical World News*, March 24, 1972.

16. Practice as Protest, by Ruth B. Freeman, *American Journal of Nursing*, Vol. 71, No. 5, May 1971.

17. SHO: The memory lingers, *Health Rights News*, September, 1970.

18. "More Light on the Lobbies", August 20, 1972.

19. *Common Cause*

20. Consumerism puts the pinch on the health establishment, by Richard L. Peck, *Hospital Physician*, June 1971.

REQUIRED READING
Friday, February 23, 1973

1. Needless Surgery Toll Put at 10,000 Yearly, by Judith Randal, Star News, December 17, 1971.

2. Unnecessary Surgery, by John Bunker, New York Times, December 19, 1970.

3. Promoting Quality through Evaluating the Process of Patient Care, by Avedis Donabedian, M.D., M.P.H., Medical Care, May - June, 1968, Vol. VI, No. 3.

4. Special Article - Effectiveness of Inpatient Follow-Up Care, by Robert H. Brook, M.D., Francis A. Appel, B.A., Charles Avery, M.P.H., Morton Orman, B.S., and Robert L. Stevenson, M.D., The New England Journal of Medicine, Vol. 285, No. 27, December 30, 1971.

5. Peer Review, Medical World News, August 20, 1971.

6. Can the Practice of Internal Medicine be Evaluated? by C. Wesley Eisele, M.D., Vergil N. Slee, M.D., and Robert G. Hoffmann, Ph.D., The Annals of Internal Medicine, Vol. 44, No. 1, January, 1956.

7. The Problem-Oriented Medical Record, Medical World News, May 7, 1971.

8. A Graphic Presentation on Age and Income Differentials in Selected Aspects of Morbidity, Disability and Utilization of Health Services, by Elijah L. White, Inquiry, Vol 5, No. 1.

9. Special Article - Effect of the Neighborhood Health Center on the Use of Pediatric Emergency Departments in Rochester, New York, by Louis I. Hochheiser, M.D., Kenneth Woodward, M.D., and Evan Charney, M.D., The New England Journal of Medicine, Vol. 285, No. 3, July 15, 1971.

10. End Result Measurements of Quality of Medical Care, by Sam Shapiro.

11. Activities, Events and Outcomes in Ambulatory Care, by Charles E. Lewis, M.D., Barbara A. Resnik, R.N., M.P.H., Glenda Schmidt, R.N., and David Waxman, M.D., The New England Journal of Medicine, Vol. 280, March 1969.

12. End of Hospital Shortage - Why the Turnabout, U.S. News and World Report, September 6, 1971.

13. At what levels can this overuse of drugs be fought?

14. FDA Health Calls U.S. 'Overdrugged', April 12, 1971.

15. The Medical Audit as an Operational Tool, by Mildred A. Morehead, American Journal of Public Health, Vol. 57, No. 9, September, 1967.

16. Special Article - Impact of Ambulatory-Health-Care Services on the Demand for Hospital Beds, by Seymour S. Bellin, H.J. Geiger, and Count D. Gibson, The New England Journal of Medicine, Vol. 280, No. 15, April 10, 1969.

17. Wayne State University, College of Nursing, Quality Patient Care Scale.

18. "Rules on Avoiding Unnecessary Surgery", Post.

19. Massachusetts Department of Public Health - Tonsillectomy and Adenoidectomy in Mass., New England Journal of Medicine, December 30, 1971.

20. The Case of Ritalin (Drugs for Hyperactive Children) by Alan F. Charles, New Republic, October 23, 1971.

21. Surgical Malpractice, by Frances S. Norris, M.D.

REQUIRED READING

1. Hospital Trustee Seminar, Statement of Gladys M. Thomes, Sponsored by the Hospital Council of the National Capital Area, December 3, 1971, Airlie House, Warrenton, Va.
2. Community Control of Health Services, a panel discussion at the Orientation Program of the Cleveland Student Health Project, June 28, 1968.

REQUIRED READING

1. Changing Role of the Hospital's Chief Executive, by Richard L. Johnson, Hospital Administration, Summer, 1970.
2. Should Doctors Be On Your Board? by C. Jerome Jorgensen, Hospital Administration, Fall, 1970.
3. Professional Development Needs in Hospital Administration, by Louis F. Davis, Hospital Administration, Summer, 1970.
4. Capital Budgeting Decision-Making for Hospitals, by Richard F. Wacht, Ph.D., Hospital Administration, Fall, 1970.
5. Research Into Hospital Management and Organization, by Reginald W. Revans, Milbank Memorial Fund Quarterly, July, 1966, Vol. XLIV, No. 3, Part 2.

Series of six articles by Ronald Kessler in the *Washington Post*.

REQUIRED READING
March 29, 1973
Thursday

1. "Abuses Pad Cost of Hospital Center Care", by Ronald Kessler, *The Washington Post*, March, 1972.
2. Conflict of Interest Marks Hospital Center Management, by Ronald Kessler, *The Washington Post*
3. Hospital Center Officials Used Connection to Reap Profits, by Ronald Kessler, *Washington Post*.
4. Pathologist Paid a Percentage of the Profit in Department, by Ronald Kessler, *Washington Post*.
5. Children's New Building 'Most Costly', by Ronald Kessler, *Washington Post*.
6. System Lacks Public Control, by Ronald Kessler, *Washington Post*.

REQUIRED READING
March 29, 1973
Thursday

BUDGET CUTS & REORGANIZATION OF H.E.W.

1. "Richardson Urges a Simplified HEW" by David S. Broder, The Washington Post
2. "Agencies Shaking Up Regional Ranks" by Mike Causey, The Washington Post, Tuesday, March 6, 1973.
3. "Drugs Panel Urges New Control Agency", by Stuart Auerbach, The Washington Post, March 23, 1973.
4. APHA Analysis of Presidents Proposed FY 74 HEW Budget
5. Statement of Hubert H. Humphrey in the Congressional Record, Vol. 119, No. 35, Tuesday, March 6, 1973. Senate Concurrent Resolution 14 - Submission of a Concurrent Resolution Relating to National Priorities.
6. Statement of Hubert H. Humphrey in Congressional Record,Vol. 119, No. 26, Tuesday, February 20, 1973. The illegal impoundment of funds.
7. "Impounded U.S. Funds Challenged" Washington Post, January 27, 1973.
8. "Senate Fight on Impounding Heats Up", by David S. Broder, The Washington Post, February 1, 1973.
9. "OEO to Close Regional Units in April", by Jules Witcover, The Washington Post, March 13, 1973.
10. HEW to Unload Boxed Hospitals, Focus on the News
11. "Nixon Plan to Trim Health Benefits is Apparently Dead", The Star, March 25, 1973.
12. "City Delays Welfare Switch to 'Flat Grant' Payments" by J. Y. Smith, The Washington Post, June 10, 1972.
13. "Heller Assails Nixon Cuts in Social Outlays", by David S. Broder, The Washington Post, Saturday, February 24, 1973.
14. "Ehrlichman Disputes Tax 'Loophole' View" by Peter Braestrup, The Washington Post, March 12, 1973
15. "Loopholes and Little Guys" by Hobart Rowen, Post, 3/15/73
16. "Who Should Pay for Social Security?" Post, 10/6/71
17. "Nader Study Says VA Medical Care Fails to Meet with Viet Vet Needs" by Victor Cohn, Post, 3/4/73

18. "Viet Combat GIs Held Shortchanged", by Peter Braestrup, _Washington Post_, 3/4/73

19. "Nader Says Vietnam Vets Neglected", _Star News_, March 4, 1973.

HANDOUTS
WEEK I

1. "Early History of Health Policy" by Jay Heubert

2. "The Present Status of Health Care in the United States", Chartbook

3. "A Symposium - The Crisis in Health Care: Problems of Policy and Administration" by Basil J. F. Mott, Public Administration Review, September/October, 1971.

4. "The Unity of Health Services" by Milton Terris, Canadian Journal of Public Health, Vol. 58, August, 1967.

5. Special Article - "Liberal Thought, Radical Theory, and Medical Practice", by Michael J. Halberstam, The New England Journal of Medicine, Vol. 284, No. 21, May 27, 1971.

6. "Activist Medicine: Free Health Care and Community Run Hospitals", by David Zimman, Newsday.

7. "Some Roles for Beneficiary Involvement in Federally Funded Health Programs", brought by Dr. George Tolbert, CHS.

8. Diagram of the Department of HEW, brought by Lindsay Robinson.

9. Kidney dialysis game, brought by Dr. Leroy Walters.

10. "Court Sets Up Consent Guidelines", December 18, 1972.
"On informed Consent", Medical World News.

11. "Supreme Court Allows Early-Stage Abortions" by John P. MacKinzie, Washington Post, January 23, 1973.

12. "The Quality of Life: What Does it Mean?" by Daniel Callahan, brought by Rev. Joseph Tortorici.

13. "Choosing How to Choose: Patients and Sparse Medical Resources" by Dr. Paul Ramsey, Patient as Person (final chapter), Yale University Press, 1970, brought by Rev. Joseph Tortorici.

WEEK II
HANDOUTS

1. "Revenue Sharing: Matching the Money and the Needs" by Robert D. Reisehauer, The Washington Post, May 11, 1972.
2. "House Passes $29.5 Billion Tax Sharing" by Peter Milius, The Washington Post, June 23, 1972.
3. "Nixon Signs Tax-Sharing Bill, Sees 'Revitalized' Local Rule" by Carrol Kilpatrick, The Washington Post, October 21, 1972.
4. "Errors Revise Some Revenue Shares" by Peter Braestrap, The Washington Post, October 21, 1972.
5. "Revenue Shares Ready Despite Fears of Bias" by Susanna McBee, The Washington Post, January 5, -973.
6. "The Maze of Social Programs" by Elliot L. Richardson, The Washington Post, January 21, 1973.
7. "The Way We Pay", New Republic, January 20, 1973.
8. American Medical News, December 18, 1972.
9. Health Services and Mental Health Administration diagram
10. "Revised AMA Medicredit Bill to be introduced" American Medical News, January 15, 1973.
11. "Environmental Education Handbook" (Public Law 91-516) U.S. Dept. of HEW, Office of Education.
12. A Plan of Coverage for the Mentally Ill in National Health Insurance, The National Association for Mental Health, Inc., National Health Insurance for the Mentally Ill, Bulletin #4, November, 1972.
13. National Institute of Mental Health diagram.

WEEK III
HANDOUTS

1. Appalachian Regional Commission diagram
2. Appalachian Regional Commission Staff Structure diagram (Fig. 1)
3. Regional, State and District Planning diagram (Fig. 3)
4. Cartoon by Jules Feiffer
5. "Minutes to Meeting with the Dept. of HEW (APA officials) and National Welfare Rights, January 30, 1973.
6. The Hill-Burton Loan Guarantee With Interest Subsidy Program.
7. "The Challenge of Disability" by Bernard D. Daitz, Ph.D., American Journal of Public Health, Vol. 55, No. 4, April, 1965.
8. "San Francisco Rounds" by Alan M. Kennedy, Chief, San Francisco Bureau.
9. "The Comprehensive Rehabilitation Center as Rehabilitation Model" by Robert Allen Keith, Inquiry, Vol. VIII, No. 3.

WEEK IV
HANDOUTS

1. "An Analysis of Federal Health Manpower Training Legislation" by Mark Berger, M.D., September 15, 1972.
2. Statement of Income and Expenses X-ray.
3. "The Management of Advisory Committees: An Assignment for the 70's" by David S. Brown, Public Administration Review, July/August 1972.
4. "Modern Medicine Price: Bankruptcy for a Family" by Richard Lyons, New York Times, May 21, 1972.
5. Pages from Chartbook
6. Special Article - "Why Does Medical Care Cost so Much?" by Walter J. McNerny, The NEJM, June 25, 1970.
7. "Recent Developments in Financing (Chpt.4)" Somers, Health Care in Transaction.

HANDOUTS
WEEK V

1. "The Role of the State Department of Health and Mental Hygiene in the Delivery of Personal Health Services", December 20, 1971.

2. "Statement on National Health Insurance Presented to the Committee on Ways and Means of the U.S. House of Representatives" by James R. Kimmey, M.D., American Public Health Assn.

3. "Criteria for Evaluating Candidate Tracers"

4. "Medical Committee for Human Rights - Preliminary Position Paper on National Health Care", September, 1971.

5. MCHR "If you needed it right now...could you find it? Could you pay for it?"

6. "Medicredit - A National Health Insurance Plan", Speech of Hon. Richard H. Fulton of Tennessee, Congressional Record, 93rd Congress, First Session, Thursday, January 18, 1973.

7. "Where do we stand?" American Medical Association

8. "Medical and Health Care for All", A description of the Medicredit National Health Insurance Program, AMA

9. "Current National Health Insurance Proposals" as introduced in the 92nd Congress, AMA

10. "Comprehensive Health Planning: Review and Comment Procedures" (Special Report), A discussion of Health Issues by Block, McGibony & Associates, Inc., Jan., 1973.

11. "Comprehensive Health Planning: The Work Program" (Special Report), a discussion of Health Issues by Block, McGibony & Associates, Inc., Feb., 1973.

12. "Comprehensive Health Planning: The Selection and Continuing Education of Boards and Staffs", A discussion of Health Issues by Block, McGibony & Associates, Inc., March, 1973.

13. "The Comprehensive Health Plan", A discussion of Hospital Issues by Block, McGibony & Associates, Inc., Nov., 1972.

14. "Comprehensive Health Planning: The Selection and Management of Committees", A discussion of Health Issues by Block, McGibony & Associates, Inc., Dec., 1972.

SUPPLEMENTAL READINGS BY WEEK AND TOPIC

LIBRARY BOOKS

WEEK I

I. a. History and Crisis

1. Private Group Clinics, C Rufus, Rorem PHD - JCPA 1971
2. The American Health Scandal, Roul Tunley 1966
3. Basic Facts on the Health Industry, Ways & Means Comm. 1971
4. Inquiry, Volume VIII books 3 & 4 1971
5. Medical Care for the American People, DHEW, reprinted, 1970
6. The Coming Revolution in Medicine, David Rutstein, MIT Press
7. The Troubled Calling, Selig Greenberg, MacMillan Press
8. Dimensions and Determinants, of Health Policy Milbank Quarterly 1/68

I. b. Health Law CHANGE to - WEEK II

1. Preliminary Materials on Health Law, Section 2 & 5
2. American Health Care and the Legal Process, Cirriculum guide Scourcebook Kaplan 1972
3. Health Problems of the Poor, Nat. Legal Program Section 5 & 6 1971
4. Health Law Newsletters, issues from 1971 and 1972
5. Wisconsin Law Reveiw. Hurst, 1970 #3
6. Clearing House Reveiw, issues from 70/71/72.

I. c. ETHICS

1. Process of Assesment and Choice, National Acadamy of Sciences 1969
2. Ethical Issues in Health Service, Carmody, HSMA - HEW Nov, 70 #HSRD-70
3. Opinions and Reports of the Judicial Council, AMA pub.
4. Medical Interveiwing, Robert Froelich, F.M. Bishop, C.V. MOSBY Co. St. Louis

LIBRARY BOOKS
WEEK I

con't

I. c. Ethics

5. Technology and Human Values; Center for the Study of Demo Inst. Santa Barbara, Ca.

6. "Abortion on Demand" Notre Dame Lawyer, Vol. 46 #1 Fall 1970

LIBRARY BOOKS

WEEK II

II. a. HEW

1. National Commision of Health Science and Society, Sub Committee on governmental reasearch. 1968
2. Health Care in America, Committee on government operations 1968 pt. 2
3. Council Health Advisors, Sub committe U.S. Senate 1970
4. Telephone Directory, H.E.W.
5. Health Services and Mental Health Admistraters, publications 1970
6. Monthly Catalog, U.S. Government publication April & July 1972
7. Community Health Service Catalog, 1969
8. Laws Rules and Regulations, Government printing office 1971
9. Federal Government Health Affairs, Lee
10. Regional Medical Complexis for Heart Disease, Cancer and Other Disease, Senate sub committee 91st congress 1965
11. Public Law, 90th Congress 1960
12. Cancer, Services, Facilities,Programs, H.E.W. 1967
13. Comprehensive Health Planning and Regional Medical Programs, Sub committee on public health and welfare 1970
14. Nixon's Health Message, February 18, 1971
15. Depts. of Labor and HEW Appropriations for 1971, pt. 1
16. Budget of the U.S. Government, 1972
17. The U.S. Budget in Brief, fiscal year 1972

LIBRARY BOOKS

WEEK II

II. b. Congress & Federal Regulations

1. Congressional Directory, 1970 91st Congress second session
2. 1970 Congressional Staff Directory, Brownson, Charles 12th edition
3. 1971 Advance Locator, Congressional Staff Directory
4. Congress and Urban Problems, Fred Cleveland Brookings Inst. 1969
5. U.S. House Legeslative Calender, 92nd, congress 1971
6. Compilation of Selected Public Health Laws, 91st. Congress 1967
7. Recall Procedure of the Food and Drug Admisnistration, 92nd Congress 1971
8. Unfit for Human Consumption, Harmer, Ruth Prentice Hall 1971
9. The Occupational Safety and Health Act, AFL-CIO Sept. 1971 pub. #149
10. "Work Without Fear", AFL-CIO June 1971

LIBRARY BOOKS

WEEK III

III. a. THE POOR

1. "Scources," Blue Cross Association 1968
2. "Evaluations on the war on Poverty", Rescource Management Corp, Beth, Md.
3. Participation of the Poor in the Community Decision Making Process, OEO GPO #0 - 435-007(6), 1970
4. Paricipation of the Poor (same as above)
5. Participation of the Poor (same as above)
6. CAP Management Guide, Grantee Financial Control Techniques, Wolf & Co, 8/68
7. Applying for a CAP Grant OEO, GPO #0-397-257(4)
8. Applying for a New Research or Demonstration Grant under the EOA, GPO #922 436,. 1972
9. Bibliography on the Comprehensive Health Servic Program OEO #6128-8 1/70
10. Bibliography on the Comprehensive Healthe Services Program Addendum Jul 1,
11. Guidelines for the Development of Space Allocations for Neighborhood Health Centers. OeO #6128-11 April 1970
12. Guidelines, OEO Healthright Programs, OEO #6128-4 March 1968
13. Guidelines, Healthright Programs, OEO #6128-1 March 1970
14. The Team Approach to Primary Health Care, Neighborhood Health Care Seminar Programs, 2223 Fulton St., Berkely California 1971
15. A Guide For Neighborhood Health Centers, NHC Seminar Programs Berkely Ca
16. Directory of Comprehensive Neighborhood Health Service Programs, OEO # 6128-7, 7-70
17. Same as above
18. M.L.King Health Center 4th Annual Report Jan-De. 1970 Bronx New York
19. Same as abv.
20. A Health Center for Social Change: Poverty in Rural Mississippi J. Geiger Network for Cont. Med. Ed. 15 Columbia Circle New York, NY

LIBRARY BOOKS
WEEK III

III. a. The Poor

21. Comprehensive Health Services Fact Sheet, HEW

22. Agenda for a Nation, Brookings Insitute 1969

III. b. Medicare and Medicaid

1. To Improve Medical Care H.E.W.

2. Reimbersment Incentive for Hospital And Medical Care, H.E.W. 1968

3. Medicare and Medicaid, committe on finance U.S. Senate 1970

4. Toward a Healthier More Secure America, ALA Nov. 1969

5. Independent Practictioners under Medicare, H.E.W. 1968

6. Medicare and the Hospitals, Herman & Anne Somers Brookings Institute 1968

7. Medical Assistance, Medicaid, H.E.W.

8. Federal Health Insurance for the Aged, H.E.W.

9. State Medical Avisories, H.E.W.

10. Medicare and Medicaid Guide Volume 1 & 2 Commerce Clearing House Inc.

11. Social Security Perspectives for Reform, Brookings Institute 1968

12. Laws Relating to Social Security and Unemployment Compensation, U.S. Government Printing Office. 1967

13. Seventeenth Annual Group Health Institute, GHAA & GHF 1967

14 Group Practice, Volume 17 #9 Sept. 68

15. Group Practice. guidleines to forming a medical group AMA

16. Foundations for Medical Care, American Association for Medical Care.

LIBRARY BOOKS

WEEK IV

IV.a. MANPOWER

1. Negroes for Medicine Cogan, Lee, John Hopkins Press, 1968
2. Women in Medicine, Lopate', Carol, John Hopkins Press, 1968
3. Higher Education Directory 1969 - 1970, US+ HEW , S of D #HE5. 250:50000-70
4. Opening Fall Enrollement in Higher Education 1970, National Center for Statistics S of D #HE5. 254:54003-70
5. The Professions Moore, Wilbert Russell Sage Foundation, 1970
6. The choice of a Medical Career, Garland and Stokes J.B. Lippencott, 1962
7. The Physicians Career House Henry Ed. AMA Chicago 1967
8. Careers in Physchiatry, MacMillian Co, New York, 1968
9. Preperation for the Study of Medicine, Conference on the Optimal Preparation for the Study of Medicine, April 9-12 1967 Chicago Press 1967
10. Directory of Premedical Advisors, 1971/72 AAMC Washington D.C,
11. Journal of Medical Education, Vol. 46 #3 Mar. 71 AAMC
12. Journal of Medical Education, Vol. 46 #5 May, 71 AAMC
13. Journal of Medical Education, Vol. 46 #1 Jan. 71 AAMC
14. Publications Catalog,National League for Nursing, New York, Jan. 72
15. Special Projects Grants Awarded for Improvement in Nurse Training, PHS #1154-2
16. Schools of Nursing,/RN, 1968 ANA, New York
17. Continuing Medical Education, in Community Hospitals Mass. Medical Society
18. Report on the National Advisory Commision on Health Manpower, Vol. I Nov. 6
19. Health Manpower, Perspective: 1967 DHEW, PHS#1667.
20. The Profile of Medical Pratice, 1971 AMA Chicago
21. Job Descriptions & Organized Analysis for Hospitals and Related Health Services, U.S. Dept. of Labor, 1970

LIBRARY BOOKS

WEEK IV

IV. A. MANPOWER

22. A Program for the Orthopedic Assisant, Jules Fraden City Coll S.F. 1970

23. Guidelines for Health Occupations Education Programs U. of Ill. June, 71

24. Preparation for Medical Education in the Traditionally Negro College,
Addressed presented to Macy Conference, Feb., 1968 co-sponsered by AAMC

LIBRARY BOOKS

WEEK IV

IV. b. Manpower and Education

1. Higher Education and the Nation's Health, Carnegie Commision on Higher Education, October 1970
2. Medical Education in the Service of Mankind, The Indian Journal of Medical Education, Proceedings of the Third World Conference on Medical Education, New Delhi, 1966
3. Complete Papers for the 7th Annual Conference on Research in Medical Education
4. Science, Politics and the University, The Brookings Institution, 20036
5. Promethues, Vol. I, #4 May, 1972 Acropolis Books Wash., D.C. 20009 1972
6. Man Mind, Medicine, Cope, Oliver, J.B. Lippencott, Co. 1968
7. Community Medicine , University of Pennslyvania.
8. The Organizers Manual, The O.M. Collective Mar. 1971
9. Research in Medical Education, AAMC 1971
10. Compendium of Health Science Student Activities in Community Health; SAMA
11. Directory of America Acadamey of General Practicioners, 1968/1969

LIBRARY BOOKS

WEEK IV

IV. c. COST

1. The Economics of Health, Columbia 1967
2. Scioeconomic Issues of Health, AMA 1971
3. Economics of Health and Public Policy, Campbell 1971
4. Net Income Of Hospitals 1961/1969 H.E.W.
5. Report to the Nation Blue Cross 1971
6. Selected Studies in Medical Care and Medical Economics Annual Report; Blue Cross and Blue Shield 1972
7. Regulation of Blue Cross and Blue Shield Plans; Huebner Foundation Studies
8. Administration of Health Benifit Programs, Senate Committee Hearings 1970
9. Benifit Structure of Private Health Insurance; H.E.W. 1968
10. Scource Book Of Health Insurance; Health Insurance Institute 1970
11. Life and Health Insurance Books Health Insurance Institute 1970
12. Doctors, Patients, & Health Insurance; Somers & Somers Brookings Inst. 1961

LIBRARY BOOKS

WEEK IV

IV d. ADMINISTRATION AND CONSUMERS

1. Health Services Administration; Harvard Universty Press. 1968
2. Organization and Administration of Health Care; Durbin/Springall Mosby Company, 1968
3. Medical Care Administration; Vol. I American Public Health Association.
4. Community Health Foundation; (of Cleveland Ohio) H.E.W.
5. Bulletin of the New York Acadamy of Medicine; Vol. 46 1970
6. Cirriculum on Community Control Outline
7. Citizen Participation; Urban Institute Paper, Jan 1970
8. A reveiw of Community Control;Health Service Lucie Vogel 1971
9. Consumer Participation in Comprehensive Health Care Service; Vol I/II Chenault and Brown 1971
10. Second Consumer Health Conference; San Antonio Texas 1971
11. National Conference on Assistance to the Phsysician, Health and Welfare Canada 1971
12. Medical Care: Canadian American conference on Hospital Progams. 1967

LIBRARY BOOKS

WEEK V

V. a. PLANNING

1. Priciples of Community Health; Smolensky and Haar 1968
2. Community Health Services; Hermann/ McKay H.E.W. 1968
3. Health is a Community Affair; National Commision on Community Health Services 1969
4. Community Planning for Health Education And Welfare; H.E.W.
5. Rx for Action: The Urban Coalition
6. The Student Health Project of South Bronx; 1967
7. The Washington Heights Master Sample Survey; Vol XLVII # 1 Milbank Quarterl
8. The Watts Hospital; H.E.W.
9. Upper Cardoza Neighborhood Health Center Survey; Wash. D.C. Banacki Nat. Opinion Reasearch Center, University of Chicago. 1970
10. The Crisis of Unmet Need; H.E.W. Services for the Poor 1967
11. Meeting with Representitives of the Poor; Wash. D.c. U.S. HEW Public Health Service
12. The Sick Poor; American Journal Of Nursing 1969
13. Low Income Life Styles; HEW 1967
14. About the Poor, Fact/Fiction; HEW rehab. Service Childrens Bureau 1967
15. Nursing Outlook; National Legue for Nursing

LIBRARY BOOKS

WEEK V

V. B. MALPRACTICE

1. *Alternative Approaches to the Provision of Legal Services for the Rural Poor*; Bureau of Social Services Reasearch Inc. 1972

2. *Medical Malpractice*; The Patient Versus the Physiscian Senate Sub Comm

LIBRARY BOOKS

WEEK V

V. c. STATE

1. Budget Messege of Gov. Spiro T. Agnew jan. 17 1969
2. Budget Message Gen. Assembly of Maryland; Jan. 17 1970
3. Budget Messege Gen. Assembly of Maryland; Jan. 23, 1969
4. Federal Aid to States; fiscal year 1970 Dept. of the Treasury
5. Federal Aid to State and Local Governments; Office of Management and Gov.
6. Gommon Health;Mass. dept. of Public Health vol I #1 & 2
7. State Hospital Code
8. Compendium of State Stat~~netes~~ on the Regulation of Ambulance and Emergency Vehicle and Good Samaratin Laws; H.E.W. 1969

2

LIBRARY BOOKS

WEEK V

V. d. PLANNING AND LEGISLATION

1. Application of Public Health Service; H.E.W.
2. Directory of Selected Community Health Service; H.E.W july 1970 may 1971
3. Hill Burton is:; H.E.W. 1967
4. Health Planning Facilities and Construction Service; Hill-Burton HEW 1970
5. Hospital and Health Facility Construction and Modernazation; Sub Comm 1969
6. Planning the Labor and Delivery Unit in the General Hospital; H.E.W. 1964
7. Nursuries for the Newborn; (in the General Hospital) H.E.W. childrens br.
8. Selected Studies in Building Research; H.E.W. Public Health Service 1970
9. Hospital Electronics Practice; U.S. H.E.W. Public Health Service
10. Electronics for Hospital Pateint Care; H.E.W. 1969
11. Fallout Protection for the Hospital; HEW Public Health Service 1968
12. The Hospital Laundry; HEW Hill=Burton Program 1966
13. Genearl Standard of Construction and Equipment for Hospital and Medical Facilities; H.E.W. 1969
14. Health Rescourses Statistics; Nat. Center for Statistics HEW 1967
15. Vital Health Statistics; PHS pub. #1000 1969
16. Computer Assisted Utilization Review Support Systems; AMPA
17. New Careers in the Indian Health Program;H.E.W. 1970
18. Medical Care Chartbook:University of Michigan School of Public Health 1968

LIBRARY BOOKS

WEEK V

V. e. COUNTY AND LOCAL

1. Report on Mayor's Task Force of Public Health Goals; Office of Human Rescourses Programs 1970
2. Handbook for Mayor's Report
3. Innovation in Local Health Services; H.E.W.
4. Services for Physicians;Dept. of Public Health D.C. Government.

LIBRARY BOOKS

WEEK V

V. f. QUALITY

1. Operation of State Hospital Planning and Licensing Programs; AHA 1965
2. Aspects of Administrative Law in the Regulation of Health Care; Temple University 1971
3. The Quality of Mercy; Selig Greenburg, 1971
4. The Doctors; Martin L. Gross Randon House 1966
5. Life, Death, and the Doctor; Louis Lasagna M.D. 1968
6. Peer Review; Vol I & II AMA 1971
7. Evaluation Neighborhood Health Care Centers; Office of Economic Opp. 1967

LIBRARY BOOKS

WEEK V

V. g. PRIVATE INTRESTS

1. Market Restraints in the Retail Drug Industry; Fletcher Univ. of Penn 67
2. Trends in Perscription Drug Prices; American Enterprize Institute 1970
3. Medicinal Chemicals; U.S. Tariff Commision 1971
4. Synthetic Organic Chemicals; T.C. pub. #34 1960
5. Competitive Problems in the Drug Industry; Pts 12-21 1969 - 1971 Senate Sub Committee on Monopoly 91st Congress 1969

LIBRARY BOOKS

WEEK V

V. h. NATIONAL HEALTH INSURANCE – CHANGE to WEEK II

1. National Health Insurance Proposals; pts. 1 - 6 8 - 14 1971 Ways and Means Committee 92nd, Congress 1971

2. National Health Insurance: Hearings from the Committee on Finance 92nd. Congress 1971

3. National Health Insurance; Committee on Labor and Public Welfare 91st Congress 1970, pts 1 & 2.

4. National Health Insurance Outline of Pending Bills; Committee on Finance 1971.

LIBRARY BOOKS

THURSDAY REFERENCE BOOKS

SITE. REFERENCE:

1. Hospital Liturature Index; AHA Vol. 27, #4 1971
2. Hospital Liturature Index; AHA Vol. 27, #2 1971
3. Hospital Liturature Index; AHA Vol. 27, #3 1971
4. Hospital Liturature Index, AHA Vol. 27, #1 1971
5. The Hospital in Modern Society; Freidson Free Press 1963
6. Government Controls and the Voluntary Non-Profit Hospital; AHA 1961
7. Oversight of VA Hospitals Crisis Sub Committee hearings on Health and Hospitals April 1971
8. Oversight of Health Care of Vets Wounded in Veitnam; Sub Comm, on Vet's affairs April 1970 pt 2 1969 pt. 1
9. Medical Research in the VA Annual Report; July 1968 June 1969
10. The Crisis of Emergency Health: A Local and National Analysis; Murchison, Fain April 1970
11. Hospital Emergency Outpatient Activities; PHS #930-H-1.
12. Emergency Health Services Selected Bibliograpy; PHS#1071-A-1.
13. Syllabus for Office Practice; Condit George Ecomedic Pub. Corp. N.Y. 10038

LIBRARY BOOKS

FRIDAY REFERENCE BOOKS

FRIDAY REFERENCE:

1. PREVENTION, March, 1971, Rodale Press
2. PREVENTION, June, 1971 Rodale Press
3. PREVENTION, Februrary, 1971Rodale Press
4. PREVENTION, April, 1971 Rodale Press
5. Handbook of Medical Sociology; Prentice Hall Pub: Co.
6. The Doctor & His Patient; Sam Bloom Free Press New York
7. Comprehensive Mental Health Plan for Georgia; Ga. Dept. of Pub. Hlth. 196

FRIDAY REFERENCE

DRUG ADDICTION AND ALCOHOLISM

1. Directories of Nacotics Addiction Treatment Agencies in the U.S.; PHS Pub. #2095
2. Drugs of Abuse, BNDD, GPO
   Drugs of Abuse. BNDD, GPO
   Drugs of Abuse. BNDD, GPO
   Drugs of Abuse. BNDD. GPO
3. "Users Guide to the Assesment of the National Drug Education Training Program" E.F. Shelley & Co. Washington 1970
4. Public Speaking on Drug Abuse Prevention; BNDD 1970
5. Narcotics some Questions and Answers; PHS # 1827 1970
6. LSD Some questions and Answers; PHS #1828
7. Sedatives , Some Questions and Answers; PHS # 2098
8. Volatile Substances, Some Questions and Answers; PHS #2150
9. Narcotics, Some Questions and Answers; PHS #1827
10. Marihuana, Some Questions and Answers; PHS #1829

LIBRARY BOOKS

FRIDAY REFERENCE BOOKS

Drugs and Alcoholism Con't

11. Marihuana and Health; A Report to Congress from the Sec, of HEW

12. Answers to the Most Frequently asked Questions about Drug Abuse; HEW 1971

13. Drug Taking in Youth; BNDD

14. A guide for the Professions; APHA's Drug Abuse Edition

15. Barbituate Identifier; Eli Lily

16. Impact of Alcoholism; Hearing before Labor and Public Welfare 91st. Cong.

17. Comprehensive Alcohol Abuse and Legislation;91st. Cong. 1971

18. Alcoholism and Narcotics ; Hearing before Labor and Welfare Committe
91st. Congress parts 1 - 5 1971

19. Crime in America; the Herion Paraphanalia trade; Senate Sub, Comm. 91st
Congress House of Representitives 1970

20. Drug Abuse Control Amendments; 91st Congress 1970

21. Handbook of Federal Narcotic and Dangerous Drug Laws; Justice Dept. 1969

22. Crime in America; Response of a Midsouth Community; 91st Congress 1969

23. Crime in America; Youth in Trouble: 91st Congress 1970

24. Crime in America; Youth Gang Warfare: 91st Congress 1970

25. Crime in America; Why 8 Billion Amphetamines? 91st Congress 1969

26. Crime in America; Veiws on Marihuana; 91st Congress 1969

27. Crime in America; A Mid American Veiw 91st Congress 1969

28. Juvinile Justice and Corrections;Senate Committee on Crime

29. Drug Abuse Education Act; 91st Congress 1970

30. Marihuana and Health; HEW 1971

31. Federal Drug Abuse and Prevention treatment and Rehab. Act; Labor & Wlf. 71

32. The Narcotic Addict Rehabilitaion Act of 1966; Nat. Inst. of Health

LIBRARY BOOKS

FRIDAY REFERENCE BOOKS

DRUG ADDICTION AND ALCOHOLISM

33. Comprhensive Drug Abuse Prevention and Control Act of 1970; Committee on Interstate and Forein Commerce, 1970

CHILDREN'S HEALTH SERVICES

1. Report on the White House Conference on Children; 1970
2. Profiles of Children; WH Conference on Children 1970
3. Index Report to the President; WH Conference on Children
4. Directory of State Commisions Councils and Committees on Children & Youth
5. Background Paper on on Food & Nutrition for 1970, WH Confrnc. on children
6. Background Paper on Health; 1970 WH Conference on Youth
7. Youth's Agenda for the 70's Report on the WH Conference on Youth
8. "Real Generation Gap" (Youth and Society) Simmons 1971

HEALTH CARE FOR THE AGED

1. "Funds of a Nursing Home Administration" W.B. Saunders and Co.
2. Long Term Care facility Administration; DHEW Pub.
3. Developements in Aging Special Senate Committee on Aging pts 1-11

DENTAL HEALTH SERVICES

1. Dynamic Tranitions in Dentistry; Karl Kroener ASP 1970
2. NUTRITIONAL HEALTH CARE
    1. Food distribution Programs; parts 8 a & b U.S. Senate 91st Conress
    2. Nutrition and Human Needs ; Us Senate 91st Congress 1971
    3. Nutrition Against Disease; Roger Williams Pitman Pub Co.

FACULTY

Composition

Fall List

Spring List

Clinicians and administrators participating in the direct health service contacts.

Composition

The recruitment of faculty and the composition by specialty, race and sex has already been given in the Faculty Section in the Introduction.

On the next series of pages will be copies of the Fall list of faculty and Spring list of faculty, and the faculty that participated in the direct health delivery experiences.

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY
1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

FACULTY AND SPEAKERS

Health Policy - An Elective Course
Fall, 1972

Contact: Murray Leipzig
Ava Wolfe

SPEAKER SCHEDULE
Health Policy Elective
Fall, 1972

WEDNESDAY, SEPTEMBER 20

Dr. Paul Cornely
Howard U. Schl. of Medicine
Room 2400
520 "W" St., N.W.
Washington, D.C. 20001
636-6300

"Current Trends in Health Policy"

THURSDAY, SEPTEMBER 21

John C. Fletcher, Th.D.
Director, Interfaith Metro. Theol. Ed.
1419 "V" St., N.W.
Washington, D.C. 20009
462-6804

"Ethics of Modern Medicine"

MONDAY, SEPTEMBER 25

Dr. Alice Chenoweth (9:00 a.m.)
Chief, Prog. Services Branch
Maternal & Child Health Service
HSMHA
Parklawn Building, Room 12-13
Rockville, Maryland 20852
443-4166

"Comprehensive Care in Maternal & Child Health Services"

Arthur Hoyt, M.D. (10:00 a.m.)
Dept. of Community Medicine
Georgetown U. Schl. of Medicine
Kober-Cogan Hall, #403
3700 Reservoir Rd., N.W.
Washington, D.C. 20007
625-2026

"Comprehensive Care - GYN Services"

Martin Shargel, M.D. (10:45 a.m.)
Citizens' Savings Blvd.
Conn. at Univ.-Blvd.
Kensington, Maryland 20795
949-4242

"Comprehensive Adult Health Services"

Dr. Earl Herr
Preterm
1726 Eye St., N.W.
Washington, D.C. 20006

"Abortion"

Speaker Schedule
Fall, 1972

TUESDAY, SEPTEMBER 26

Rev. William Harris (9:00 a.m.)
The Baptist Home
3700 Nebraska Ave., N.W.
Washington, D.C. 20007
363-9644

"Domiciliary Care for the Aged"

Mrs. Carolyn Crosby (9:45 a.m.)
Nursing Supervisor, Ext. Care Facility
Prince George's Hospital
Cheverly, Maryland 20785
341-3352

"Extended Care Services for the Aged"

Dr. Bernard Daitz (10:30 a.m.)
CHS, Room 7A13
HSMHA
Parklawn Building
Rockville, Maryland 20852
443-1863

"Laws Dealing with Problems of the Aged"

WEDNESDAY, SEPTEMBER 27

Dr. Jon Fielding (9:00 a.m.)
Job Corps
1111-18th St., N.W.
Washington, D.C. 20210
382-8451

"Health Care Screening of Adolescents"

Martin Shargel, M.D. (10:00 a.m.)
Citizens' Savings Blvd.
Conn. Ave at Univ. Blvd.
Kensington, Maryland 20795
949-4242

"Health Care Screening of Adults"

Dr. Camille Young (10:45 a.m.)
Dental Director
Community Group Health Foundation
3308-14th St., N.W.
Washington, D.C. 20010
265-2100

"Comprehensive Dental Services"

THURSDAY, SEPTEMBER 28

Mary Goodwin (10:00 a.m.) Montgomery Cty. Health Dept. 611 Rockville Pike Rockville, Maryland 20852 279-1675	"Nutrition Services"
Kent Peterson, M.D, 6902 Essex Springfield, Virginia 22150 664-6000; 664-5526	"Comprehensive Patient Education Services"

FRIDAY, SEPTEMBER 29

W. Deaver Kehne, M.D. (9:00 a.m.) 2033 Waterside Drive, N.W. Washington, D.C. 20009 AD4-7104 (office); AD4-3824	"Mental Health & Psych. Services"
Dr. Augusto Esquibel (9:45 a.m.) Chief, Psychiatry Department Prince George's Hospital Cheverly, Maryland 20785 341-3398	"Community Mental Health Centers"
Mr. Everett Wilson, MSW (11:00 a.m.) Md. Drug Abuse Administration 2305 N. Charles St. Baltimore, Md. 21218 301-383-2720	
Luiz Simmons ISHS 1050 Potomac St., N.W. Washington, D.C. 20007 654-5164	"Civil Disabilities of the Addict"

MONDAY, OCTOBER 2

Wm Hamrick George Washington University Dept. of Health Care Administration Bldg. G, 815 21st St. Washington, D.C. 20006 676-6219	"Military Health Systems"

(MONDAY, OCTOBER 2 cont.)

H. Joseph Curl (9:45 a.m.) Administrator Georgetown University Hospital 3800 Reservoir Rd., N.W. Washington, D.C. 625-7001	"University Teaching Hospital as a Health System"
Mr. William Parker Director of Hospitals Prince George's Hospital Cheverly, Maryland 20785 341-2100	"The Community Hospital"
Ms. Gladys Thomas (11:00 a.m.) 1301 Deleware St., S.W., #M-117 Washington, D.C. 20024 554-1333	"The Consumer & Community Health Services"

TUESDAY, OCTOBER 3

Mr. Walter McClure (9:00 a.m.) Institute for Interdisciplinary Studies 123 E. Grant Minneapolis, Minn. 55404 612-338-8761	"The HMO Concept & Legislation"
Mr. Dennis Falk (10:00 a.m.) Asst. Administrator George Washington U. Hospital 815 21st St., N.W. Washington, D.C. 20006 331-6853	"Establishing an HMO"
Robert Shouldice Dept. of Health Care Admin. George Washington University 2018 Eye St., N.W. Washington, D.C. 20006 676-6571	Resource Person

Speaker Schedule
Fall, 1972
Page 5

WEDNESDAY, OCTOBER 4

Dr. Tom Piemme (9:00 a.m.)
George Washington Hospital
3rd Floor
2150 Pennsylvania Avenue, N.W.
Washington, D.C. 20037
331-6723

"Out-Patient & Emergency Care Services in the Large Hospital"

Mr. Charles Fagen (9:45 a.m.)
OEO Administrator
3308-14th St., N.W.
Washington, D.C. 20010
265-2100

"OEO Health Center Concept"

Mr. Lou Segadelli (10:30 a.m.)
Executive Director
Group Health Association
2121 Pennsylvania Ave., N.W.
Washington, D.C.
965-2083

"Pre-Paid Group Practice

THURSDAY, OCTOBER 5

Mark Berger, M.D. (9:00 a.m.)
206 Astor Building
3850 Woodhaven Rd.
Philadelphia, Pa. 19154
215-637-2287

"Health Manpower Legislation"

Bridget Tighe, R.N. (9:45 a.m.)
National Health Service Corps
DHEW-HSMHA-Rm. 6-A29
Parklawn Building
Rockville, Maryland 20852
443-1688

"Health Manpower"

FRIDAY, OCTOBER 6

David Kindig, M.D. (9:00 a.m.)
National Health Service Corps
HSMHA-DHEW-Rm. 6-A29
Parklawn Building
Rockville, Maryland 20852
443-1688

"Changing Medical Education"

FRIDAY, OCTOBER 6 (cont.)

Jack Ryan
Ryan Advisors
5530 Wisconsin Avenue, N. W.
Chevy Chase, Maryland
654-8822

"Impact of Changing Medical Education on the Health System"

Ruth Hanft
Institute of Medicine
National Academy of Science
2101 Constitution Avenue, N. W.
Washington, D. C. 20418
961-1885

"Cost of Health Professionals' Education"

MONDAY, OCTOBER 9

Vernon Wilson, M. D., Administrator
HSMHA (9:00 a.m.)
Parklawn Building
Rockville, Maryland 20852
443-2216

"Federal Health Policy & Legislation"

Dr. S. Phillip Caper (9:45 a.m.)
Sen. Health Sub-Committee
4226 New Senate Office Building
Washington, D. C. 20510
225-7675

"The Health Legislation Process"

Mr. Steve Lawton
Counsel to the Subcommittee
on Public Health & Environment
Office of Cong. Rogers
2417 Rayburn Building
Washington, D. C. 20515
225-3001

Resource Person

TUESDAY, OCTOBER 10

Robert Q. Marston (9:00 a.m.)
Director, NIH
Bethesda, Maryland 20014
496-2433

"Legislation That Created NIH & the Types of Legislation Under Which It Currently Operates"

K. Patrick Okura (10:30 a.m.)
Exec. Asst. to Director
NIMH, Room 17-99

"Legislation That Created NIMH & the Types of Legislation Under Which It Currently Operates"

EDNESDAY, OCTOBER 11

Dr. Harold Margulies (9:00 a.m.)
Director
Regional Medical Programs
Parklawn Building, Room 1105
Rockville, Maryland 20852
443-1500

"RMP as an Organization"

Sidney Wolfe, M.D. (9:45 a.m.)
Health Research Group
2000 "P" St., N.W.
Washington, D.C. 20036
872-0320

"Regulatory Health Agencies of the Government"

THURSDAY, OCTOBER 12

Ruth Hanft (9:00 a.m.)
Institute of Medicine
National Academy of Science
2101 Constitution Ave., N.W.
Washington, D.C. 20418
961-1885

"Federal Government Financing Programs: Medicaire and Medicaid"

FRIDAY, OCTOBER 13

Ron Wiley (9:00 a.m.)
Human Resources Director
Appalachian Regional Commission
1666 Connecticut Avenue, N.W.
Washington, D.C.
967-4661

"ARC & Health Care"

Douglas Woods
Office of Health Affairs
OEO, Room 631
1200-19th St., N.W.
Washington, D.C. 20506
254-5330

"OEO & Health Care"

MONDAY, OCTOBER 16

Del. Torrey C. Brown (9:00 a.m.)
Johns Hopkins Hospital
625 N. Wolfe St.
Baltimore, Maryland 21205
301-955-3253

"Legislative Process in Health on the State Level"

MONDAY, OCTOBER 16 cont.

Dr. Jean Stiffler (9:00 a.m.) Md. State Dept. of Health & Mental Hygiene State Office Building 301 W. Preston Baltimore, Maryland 21201 301-383-2640	"State Department of Health & Mental Hygiene Programs"

TUESDAY, OCTOBER 17

Dr. Perry Stearns Health Officer Prince George's Cty. Health Dept. Cheverly, Maryland 20785 773-1400	"Interface between State & Local Health Services: A County View"
Dr. Jean Stiffler Md. State Dept. of Health & Mental Hygiene State Office Bldg. 301 W. Preston Baltimore, Md. 21201 301-383-2640	"Interface between State & Local Health Services: A State View"

WEDNESDAY, OCTOBER 18

Henry Robinson, M. D. D. C. City Council 5th Floor, District Building 13th & E Sts., N. W. Washington, D. C. 20004 347-5675	"D. C. City Council's Role Re: Legislative and Political Considerations in Health Servi es"
Mrs. Gladys Spellman Councilwoman Prince George's County Council Upper Marlboro, Md. 20870 627-3000, ext. 587	"Role of County Legislature in Establishing Health Programs and Priorities"
Raymond Standard, M. D. D. C. Dept. of Human Resources 14th and E Sts., N. W. Washington, D. C. 20004 629-3366	"The Programs and Priorities of the D. C. Department of Human Resources"
Ms. Polly Shackleton 3232 Reservoir Rd., N. W. Washington, D. C. 20007 338-1984	Resource Person

THURSDAY, OCTOBER 19

Mr. Mike Bromberg, Director
Federation of American Hospitals
1101-17th St., N. W., #810
Washington, D.C. 20036
833-3070

"The Role of Proprietary Hospitals in the Health Care System"

Mr. Ray Hemness, Administrator
Northern Va. Doctors' Hospital
601 S. Carlin Spring Rd.
Arlington, Virginia 22204
671-1200

Resource Person

Mr. Joseph Leverenz, Executive V-P
American Cancer Society
1825 Connecticut Avenue, N. W.
Washington, D. C. 20009
483-2600

"Role of the American Cancer Society and Its Involvement in the Creation of Cancer Institutes"

FRIDAY, OCTOBER 20

Private Sector's Involvement in Health

John Cooper, M. D., President
AAMC
1 Dupont Circle, N. W.
Washington, D. C. 20036
466-5175

AAMC

Wayne Bradley
AMA Washington Office
1776 K St., N. W.
Washington, D. C.
833-8310

AMA

Howard Binkley, Vice President
Pharmaceutical Mfgrs' Association
1155-15th St., N. W.
Washington, D. C. 20005
296-2440

PMA

Bob Rosen
1816 Kalorama Rd., N. W., #104
Washington, D. C. 20009
387-3265

MCHR

MONDAY, OCTOBER 23 — NO CLASSES

TUESDAY, OCTOBER 24

Dr. Harold Graning (10:00 a.m.)
Health Care Facilities Service
Room 9-05
Parklawn Building
5600 Fishers Lane
Rockville, Md. 20852
443-1910

"The Hill-Burton Program"

Mr. Andrew Braun (9:15 a.m.)
Psychiatric Institutes of America
1825 K St., N.W.
Washington, D.C. 20036
467-4646

"Health Planning: Determining the Needs and Programs for Particular Areas"

Mr. Joel Levine (1:00 p.m.)
Office of Comprehensive Hlth. Planning
Prince George's County Hlth. Dept.
4321 Hartwick Rd., Suite 318
College Park, Maryland 20740
779-4078

"Methods of Planning and Planning Legislation in Health in Prince George's County"

WEDNESDAY, OCTOBER 25

Frank Wallick
1126-16th St., N.W.
Washington, D.C.

"Occupational Safety in Health"

Felton Armstrong
ISHS
1050 Potomac St., N.W.
Washington, D.C. 20007
338-7055

"Migrant Health Needs"

THURSDAY, OCTOBER 26

Ms. Mary Holman
HPAC/DC
1329 E St., N.W., Suite 1055
Washington, D.C. 20004
638-2487

"Consumers as Health Planners"

Mr. R Ronald Jydstrup
Group Health Association

"Consumer Input into Pre-Paid Group Practices"

FRIDAY, OCTOBER 27

Health Gaming Staff/ISHS

MONDAY, OCTOBER 30

Dr. Edyth Schoenrich, Director
Admin. Services to Chronically Ill & Aging
State Dept. of Health & Mental Hygiene
301 W. Preston
Baltimore, Md. 21201
301-383-2723 (?)

"State's Involvement in Licensure of Personnel in an Attempt to Insure Quality Health Care"

Mr. Harold Gordon
Licensing and Enforcement
Room 608
State Dept. of Health & Mental Hygiene
301 W. Preston
Baltimore, Md. 21201
301-383-2518 (?)

"Accrediting Health Care Facilities"

TUESDAY, OCTOBER 31

Mr. Rick Goldstein
National Center for Health Services
Research & Development
HSMHA
Parklawn Building
5600 Fishers Lane
Rockville, Md. 20852
443-2862

"Internal Peer Review"

Kent Peterson, M. D.
6902 Essex
Springfield, Virginia 22150
664-6000; 664-5526

"Internal Peer Review"

WEDNESDAY, NOVEMBER 1

Keith Weikel, Ph. D., Director
Division of Health Evaluation
OS-DHEW
North Building, Room 5526
330 Independence Avenue, N. W.
Washington, D. C. 20201
962-6147

"External Audit Procedures (Evaluation) of Health Care"

Robert Robards, M. D.
General Electric Company
Columbia, Md. 21046
301-730-4000, ext. 2615

"Role of Medical Director in Assuring Quality Health Care"

THURSDAY, NOVEMBER 2, 1972

Mr. Joe Onek
Center for Law & Social Policy
1600-20th St., N.W.
Washington, D.C. 20009
387-4222

"Legal Responsibilities for Quality of Health Care"

Ms. Gail Marker
National Council on the Rights
of the Mentally Impaired
1600-20th St., N.W.
Washington, D.C. 20009
387-4222

"Patient Advocacy Programs"

FRIDAY, NOVEMBER 3, 1972

Preceptorship Evaluation Session

MONDAY, NOVEMBER 6, 1972

Mr. Bill Katz
Block McGibbony & Associates
8777 First Avenue
Silver Spring, Maryland 20910

"The Costs of Health Care"

TUESDAY, NOVEMBER 7, 1972

Walter Berry, Comptroller
Prince George's General Hospital
Cheverly, Maryland 20785
341-2130

"The Costs of Health Care and the Hospital"

Mr. Jim MacDougald
2011 Randolph Rd., T-2
Silver Spring, Maryland 20902
933-5365

"The Costs of Health Care and the Private Insurance Company"

WEDNESDAY, NOVEMBER 8, 1972

Harold Cohen, Ph.D.
Executive Director
Health Services Cost Review Comm.
2100 Gilford Avenue
Baltimore, Md. 21218
301-383-4175

"Cost Control Mechanisms in the Health Care System in Maryland"

HURSDAY, NOVEMBER 9, 1972

Dr. Leon Gintzig, Chairman Dept. of Health Care Administration George Washington University 2018 Eye St., N.W. Washington, D.C. 20006 676-6223	"Management of the Health Care System: Board of Trustees in Policy-Making Role and in Advisory Role to Local Government"

RIDAY, NOVEMBER 10, 1972

Mr. Herbert Quinn Natl. Union of Hospital & Nursing Home Employees (1199) 1308 Eye St., N.W. Washington, D.C. 20005 737-1366	"The Union's Role in Managing Health Care"

MONDAY, NOVEMBER 13, 1972

Mr. Bill Fullerton House Ways and Means Committee 1102 Longworth Building Washington, D.C. 20515 225-9263	"Comparison of National Health Insurance Proposals"
E. J. Truap 4000 Tunlaw Rd., N.W. Washington, D.C. 20007 625-7854	"Nursing and National Health Insurance"

TUESDAY, NOVEMBER 14, 1972

Hal Hunter, Ph. D APHA 1015-18th St., N.W. Washington, D.C. 476-5000	"APHA Position on NHI"
Mrs. Hilda Robbins, President Pa. Mental Health Association 1206 Spring Avenue Fort Washington, Pa. 19034 215-646-3110	"National Mental Health Association Position on NHI"

TUESDAY, NOVEMBER 14, 1972 (cont.)

Mr. Bob Smucker
National Assoc. for Mental Health
1800 N. Kent St.
Arlington, Virginia 22209
528-6405

"National Mental Health Association Position on National Health Insurance

Ms. Betty Dooley
Committee for National Health Insurance
806-15th St., N.W.
Room 410
Washington, D.C. 20005
737-1177

"Organized Labor Position on NHI"

WEDNESDAY, NOVEMBER 15, 1972

Ms. Mary Goodwin
Montgomery Cty. Health Dept.
611 Rockville Pike
Rockville, Md. 20852
279-1675

"Welfare Reform"

John Kinney, L.L.B.
National Welfare Rights Org.
1424-16th St., N.W.
Washington, D.C. 20036
483-1531

"Welfare Reform"

MONDAY, NOVEMBER 20, 1972

"Health and the Legal Professions: New Legislation"

Alan Kaplan, L.L.B.
2844 Wisconsin Avenue, N.W.
Washington, D.C. 20007

Mr. Victor Howell
1309 Irving St., N.W.
Washington, D.C. 20010
AD4-7876

"The Consumer's Role in Managing Health Care"

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY

1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

MONDAY, JANUARY 22, 1973

Thomas Piemme, M.D. Division of General Medicine George Washington University Medical School 2150 Pennsylvania Avenue Washington, D. C. 20037 331-6723	Existing organizations' abilities to resolve health problems

TUESDAY, JANUARY 23, 1973

Brian Biles, M.D. Office of Congressman Wm. R. Roy 1110 Longworth Building Washington, D. C. 20515 225-1874	Governmental approaches to resolving the health crisis
George Tolbert, M.D. Assistant to the Director Community Health Services HSMHA Parklawn Building, Rm. 713 5600 Fishers Lane Rockville, Maryland 20852 443-2380	Consumers in health resolving the health crisis

WEDNESDAY, JANUARY 24, 1973

Leroy Walters, Ph.D. Kennedy Center for Bioethics Georgetown University Washington, D. C. 20007 625-2371	Life and the quality of life
Rev. Joseph Tortorici Dominican House of Studies 487 Michigan Avenue, N.E. Washington, D. C. LA-9-5300	Life and the quality of life
Jon E. Fielding, M.D., M.P.H. Principal Medical Services Officer Job Corps Health Staff 810 Logan Building 1111 18th Street, N.W. Washington, D. C. 382-8451	Screening/Technology and their ethical applications.

FRIDAY, JANUARY 26, 1973

Kent Peterson, M.D. Project AMOS (Fort Belvoir) 6902 Essex Springfield, Virginia 22150 664-6000/664-5526	Comprehensive care, resources and personnel
Martin Shargel, M.D. Group Practice in the Citizen's Savings Building Conn. Ave. at University Blvd. Kensington, Maryland 20795 949-4242	Comprehensive care in a group practice
Jim Missett, M.D. Administrator's Office HSMHA 1706 Parklawn Building 5600 Fishers Lane Rockville, Maryland 20852 443-2216	Federal Health Organizations - HSMHA

TUESDAY, JANUARY 30, 1973

Mr. Cleveland R. Chambliss Director, Division of Operations & Development Regional Medical Programs Service 1125 Parklawn Building 5600 Fishers Lane Rockville, Maryland 20852 443-1580	Regional Medical Programs
Ms. Ruth Webster Executive Director CHANGE, INC. 3308 14th Street, N.W. Washington, D. C. 20010 387-1235	Consumers in Health

WEDNESDAY, JANUARY 31, 1973

Mr. Alan Kaplan Attorney at Law 2844 Wisconsin Avenue, N.W. Washington, D. C. 20007 244-8953	Federal & State Legislation affecting health

Sidney Wolfe, M.D. Health Research Group (Nader) 2000 P Street, N.W. Washington, D. C. 20036 872-0320	Regulatory agencies; The Food and Drug Administration
Mr. Bertram Cottine Attorney at Law Health Research Group (Nader) 2000 P Street, N.W. Washington, D. C. 20036 872-0320	Regulatory agencies: Occupational safety and health

FRIDAY, FEBRUARY 2, 1973

Mr. Patrick Okura Executive Asst. to the Director National Institutes of Mental Health Parklawn Building 5600 Fishers Lane Rockville, Maryland 20852 443-4597	Programs and policies of NIMH
Ms. Hilda Robbins President Pa. Mental Health Assn. 1206 Spring Avenue Fort Washington, Pa. 19034 215-646-3110	National Mental Health Assn's position on National Health Legislation
Mr. Franklin Chu Health Research Group (Nader) 2000 P Street, N.W. Washington, D. C. 20036 872-0320	Analysis of NIMH

MONDAY, FEBRUARY 5, 1973

Mr. Doug Woods Office of Health Affairs OEO, Room 631 1200 19th Street, N.W. Washington, D. C. 254-5330	Health programs in OEO
Ms. Julie Muscat State Program Coordinator Appalachian Regional Commission 1666 Connecticut Avenue, N.W. Washington, D. C. 967-4661	Health programs for the Appalachian Regional Commission

Ms. Etta Horn Citywide Welfare Rights 1123 Stevens Road, S.E. Washington, D. C. 889-5484	Federal response to the poor Welfare reform and welfare rights
Mr. Faith Evans Associate Executive Director National Welfare Rights Organization 1424 16th Street, N.W. Washington, D. C. 483-1531	Welfare Reform/Welfare Rights

TUESDAY, FEBRUARY 6, 1973

Mr. Robert Schaeffer Assistant Director for Policy Health Care Facilities Service Room 9-06 Parklawn Building 5600 Fishers Lane Rockville, Maryland 20852 443-1138	The Hill-Burton Program-financial aspects
Ms. Ruth Hanft Institute of Medicine National Academy of Science 2101 Constitution Avenue, N.W. Washington, D. C. 20418 EX-3-8100	Medicare Program/Medicaid Program Funding of Medical Education

WEDNESDAY, FEBRUARY 7, 1973

Mr. Dennis Falk Assistant Administrator George Washington University Hosp. 815 21st Street, N.W. Washington, D. C. 20006 331-6853	Health Maintenance Organizations theory and applications
Mr. Lou Segadelli Executive Director Group Health Association 2121 Pennsylvania Ave., N.W. Washington, D. C. 965-2083	Prepaid group practice
Mr. Bill Katz Block McGibbony & Associates 8777 First Avenue Silver Spring, Maryland 20910 587-5728	Costs of Health care/financing of health services

FRIDAY, FEBRUARY 9, 1973

Rev. William Harris The Baptist Home 3700 Nebraska Avenue, N.W. Washington, D. C. 20007 363-9644	Providing comprehensive care to the aged
Mr. Jeffrey Merrill, M.P.H. Staff Coordinator for the Action Board American Public Health Assn. 1015 18th Street, N.W. Washington, D. C. 467-5000	APHA and National health legislation

MONDAY, FEBRUARY 12, 1973

Mark Berger, M.D. Resident of Hahnemenn 206 Astor Building 3850 Woodhaven Road Philadelphia,Pa. 19154 215-637-2287	Manpower legislation
Mr. Jack Ryan, President RYAN ADVISORS 5530 Wisconsin Avenue, N.W. Chevy Chase, Maryland 654-8822	Training allied health personnel
Mr. Herbert Quinn Nat'l Union of Hospital & Nursing Home Employees (1199) 1308 Eye Street, N.W. Washington, D. C. 20005 737-1366	Unionization of health industry workers

TUESDAY, FEBRUARY 13, 1973

Bridget Tighe, R.N. Nat'l Health Service Corps DHEW-HSMHA 6A-29 Parklawn Bldg. 5600 Fishers Lane Rockville, Maryland 20852 443-1688	Health teams
Mr. H. Joseph Curl Administrator Georgetown University Hospital 3800 Reservoir Road Washington, D. C. 625-7001	Hospital costs and internal controls

It Currently Operates."

Mr. Walter Berry Comptroller Prince George's General Hospital Cheverly, Maryland 20785 341-2130	Hospital costs and internal controls

WEDNESDAY, FEBRUARY 14, 1973

Ms. Pat Hedden Health Simulation Game Staff Institute for the Study of Health & Society 1050 Potomac Street, N.W. Washington, D. C. 20007 338-7055	Health planning simulation game
Mr. Jim MacDougald Home Life Insurance Co. 5010 Worthington Drive Chevy Chase, Maryland 229-6730/654-1186	Health Insurance, Industry - Private Companies and the Blues

FRIDAY, FEBRUARY 16, 1973

Bernard Daitz, M.D. Community Health Services Room 7A-42 Parklawn Bldg. HSMHA 5600 Fishers Lane Rockville, Maryland 20852 443-1410	Problems of the aged - comprehensive care
Leon Gintzig, Ph.D., Chairman Dept. Of Health Care Administration George Washington University 2018 Eye Street, N.W. Washington, D. C. 20006 676-6223	Health Systems Management-Boards & trustees, policy making and advisory
Harold Cohen, Ph.D. Executive Director Health Services Cost Review Commission 2100 Gilford Avenue Baltimore, Maryland 21218 301-383-4175	External cost controls and the Maryland Cost Control Commission
Devra Marcus, M.D. OEO Health Center 3308 14th Street, N.W. Washington, D. C. 265-2100	Comprehensiveness of care in the OEO Health Center

TUESDAY, FEBRUARY 20, 1973

Sid Kreider, M.D. Maryland State Department of Health & Mental Hygiene State Office Building 301 West Preston Street Baltimore, Maryland 21201 301-383-2640	State legislation; programs and priorities within the State Health Department
Kay Edwards, M.D. Maryland State Department of Health & Mental Hygiene State Office Building 301 West Preston Street Baltimore, Maryland 21201 301-383-2640	State legislation; programs and priorities within the State Health Department
Mr. Joel Levine Office of Comprehensive Health Planning 4321 Hartwick Road Prince George's County Health Department Suite 318 College Park, Maryland 20740 779-4078	Health planning legislation; effectiveness of health planning bodies at the state and local level
E. J. Truax 4000 Tunlaw Road, N.W. Washington, D. C. 20007 625-7854	Nursing's role is planning & administering health services

WEDNESDAY, FEBRUARY 21, 1973

Mr. Andrew Braun Psychiatric Institutes of America 1825 K. Street, N.W. Washington, D. C. 20036 467-4646	Public vs. private health planning
Ms. Mary Holman HPAC/DC 1329 E Street, N.W. Suite 1055 Washington, D. C. 20004 638-2487	Power & politics of health planning/consumer effectiveness

Sam Khoury, M.D. D.C. Department of Human Resources (Preventive Services) 14th and E Street, N.W. Washington, D. C. 20004 629-3366	Effects of revenue sharing on operation of local health departments

THURSDAY, FEBRUARY 22, 1973

Ms. Gail Marker National Council of the Rights of the Mentally Impaired 1600 20th Street, N.W. Washington, D. C. 20009 872-0670	Patient advocacy/Use of legal channels to support rights of the medically impaired
Mr. Jim House Internal Claims Department Group Hospitalization Inc. 550 12th Street, S.W. Washington, D. C. 20024	Utilization Review
Keith Weikel, Ph.D., Director Division of Health Evaluation OS-DHEW North Building, Room 5526 330 Independence Avenue, N.W. Washington, D. C. 20201 962-6147	Quality through external evaluation

FRIDAY, FEBRUARY 23, 1973

Mr. Wayne Bradley AMA Washington Office 1776 K Street, N.W. Washington, D. C. 833-8310	
Mr. Bob Rosen An administrator of Washington Free Clinic 1816 Kalorama Road, N.W. #104 Washington, D. C. 20009 387-3265	MCHR positions on Health Care and National Health Legislation
Mr. Howard Binkley Vice President Pharmaceutical Manufacturers Assn. 1155 15th Street, N.W. Washington, D. C. 20005 296-2440	The Pharmaceutical Industry: Quality and substitutions

Speakers during Preceptorship

Dr. Dennis Weissman Staff Asst. to the Asst. Sec. of Health Department of HEW 330 Independence Avenue, N.W. Washington, D. C. 963-3021	HEW
Mr. Bill Fullerton House Ways and Means Committee 1102 Longworth Building Washington, D. C. 225-9263	Financing Health Care
Dr. George Ellinger Coordinator of Long Term Care Services Admin. for Services to the Chronically Ill and Aging State Department of Health & Mental Hygiene 301 Preston Street Baltimore, Md. 21201 301-383-2723	Maryland Licensure
Mr. Campbell Thompson Federation of American Hospitals 1101 17th Street, N.W. #810 Washington, D. C. 20036 833-3070	Proprietary Hospitals

HEALTH TEAMS - DIRECT EXPERIENCE

	Private	Group	Public	Univ.based	Special
1	Dr. Richard Lilly General Practice 11:00	Dr. Martin Shargel Fee for Service Group	Drs. Eliza Taylor John Sheagren D. C. General	Dr. Ron Parks G.W.U.	Dr. Kent Peterson Ft. Belvoir
/1	Dr. Esquibel Psychiatrist	Mr. Wm. Allen CMHC - Area D	Dr. M. Ceaser St. Elizabeth's	Ms. B. Harrington Alcoholism	Dr. Robt. Dupont NTA
2/8	Dr.s Radice & Gahres - OB	Dr. K.Grumfast Shaw Clinic-NMA	Dr. Weintraub Pvt/w/cnty owned	Dr. Vernon Smith Freedman's Hosp.	Mr. Gar Evers VA Hospital
2/	Dr. M.Halberstam internal medicine	Dr. Henry Sidel Columbia Medical Plan - prepaid group	Dr. Devra Marcus OEO Center	Dr. Vernon Smith Freedman's Hosp.	Mr. Steve Heller Children's Hosp.

PRECEPTORSHIPS

Student guidance

Preceptorship Listing

Student guidance:

So that students would have some idea of the types of preceptorships available in the Washington area, the faculty of the ISHS Health Policy Course contacted numerous persons and organizations in the Washington, Maryland metropolitan area to establish potential preceptorships. A general listing was prepared and sent to students before the Fall and before the Spring session indicating the types of preceptorships that were available so that students would come to Washington with some idea of where they wanted to do their preceptorship. During the first course this proved very important since preceptorships were assigned during the first week. During the second course this allowed the students to contact preceptors far in advance and decide if suitable projects could be arranged that would meet their common interests.

PRECEPTORSHIPS
HEALTH POLICY COURSE

Federal Gov't as policy makers:

HEW Office of the Sec'y	1. Federal Budget: What are our Nat'l priorities - are they changing? 2. Ear-marked funds vs. Block grants - disbursing federal funds to states vs. direct funding Source of funds for health: gen'l taxes, Social Security (Medicare Trust Fund) Evaluation
HSMHA National Health Service Corps HMO grants and guidelines	Which mental health functions are under HSMHA, and which under NIMH?
NIMH	Community mental health centers Investigate a state's MH program on request of Governor Research Fragmentation of authority between State for some functions and Region for the others, each passing the buck to the other Fragmentation in authority between MH, drug abuse, alcoholism, and Mental retardation. Have they any say about commitment procedures?
OEO	Neighborhood health centers Network idea Emergency measures for the poor (What are they?) (Food?) Family planning (or is this under HSMHA now?) Headstart health services. Economic development areas, esp. as they effect 314 a,b agencies Prime example of problem of continuing funding if dependent on federal money Training Para-professionals
Social Security Administration	Medicare, Medicaid Nursing home and extended care standards under these programs Means tests and eligibility tests Who gets covered, and for what benefits Retroactive denial of nursing home coverage, losses to hospitals, etc.
Children's Bureau	Maternal & Infant programs Children & Youth programs Is Crippled Children's prog. under this Bureau?

[illegible]	[illegible]
[illegible]	[illegible]
Hill-Burton	[illegible] need (supposedly) [illegible] [illegible] avail-ability [illegible] ? Is this also fund the building of new medical schools?
Special Action Office	? Is this the section that deals with lead poisoning ?
NIH	Research priorities: Academic interests vs. greatest nat'l needs. Constituent institutes or separate out Cancer, etc. Priorities for giving grants to other groups to do research around the U.S. Ethics committee. Manpower development Care for rare diseases at Clinical Center.
FDA	Regulation of labelling, packaging, safety, efficiency Classification of drugs, food additives, Types of actions they can take against companies, & when these are used "Dear Doctor" letters Would a separate consumer agency prevent the FDA from protecting the companies in preference to the consumers?
NIOSH	Enforcement of occupational health and safety law
DBS (Division of Biological Stds)	Testing for safety and efficacy of vaccines and other biologicals
Office of Civil Rights	Racial discrimination in hospitals

Other Fed dep'ts that have some health functions:
HUD [illegible]

DOA

Research:
  Dx, prevention, control, eradication, of diseases and parasites of livestock and poultry that are transmissible to man.
  Food consumption practices and the nutritive value of customary diets
  Vector control
  Residual effect of pesticides, fallout.
  Food safety, food additives, chems and drugs fed to animals then used for meat.
Contruction of research facilities.
State Agricultural experiment stations(SAES)
  Cooperative state extension of above research.
Land-grant (A & M) colleges research and educ.
State and County extension service for consumer protection (the County Agent and Home Demonstration Agent) who disseminate informati
  on food and nutrition and on public health and envir. protection, esp to rural people.
Regulatory functions:
  Control of animal diseases transmissible to man. (brucellosis, T.B., etc.), preventing its entry from foreign countries.
  Evaluation of pest control programs.(environmental impact), monitoring pesticides in agriculture.
  Registration and enforcement activities under the Federal Insecticide, Fungicide, and Rodenticide Act. (for consumer protection)
  Wholesomeness of meat and poultry for human consumption (Consumer and Marketing Service)

DOT	1) U.S. Coast Guard Doctors on ships, docs on rescue teams. Docs in shore stations Envir. sanitation of shore (sewage treatment, etc. Comp hlth care provided for personnel via PHS or DOD or sometimes own CG health facility (construction and operation) Professional and sub-pro personnel traine in aerospace and underwater med (but muc of this training is actually done by PHS 2) FAA Research on human factors in aviation saf airplane design, med stds for airmen, ope ating procedures for aircraft. Provide required periodic physical exams f civil airmen for licensure. Seminars for docs who will do these exams, teach them the med requirements of airmen and current devel's in aviation medicine. First aid stations at Wash Ntl and Dulles airports (4 nurses each) Aircraft accident investigations include autopsies, toxicology studies, to rule out human factors in cause. Medical educ of airmen to teach them environmental and human limitations of capability.
DOJ	Bureau of Prisons medical program. (only for Fed prisons?) Med & surg services. Psych directed to "alter attitudes or change behavioral patterns". Safety and sanitation stds. Train prison medical staff(those hired). Train prisoners as paramedics (former corpsmen are also hired as paramedics.)

HUD

- Model Cities --grants and technical assistance to cities. Some of these include starting grp practice facilities, OEO-type NHC's, multiphasic screening (lead occ'lly) alc & drug abuse centers, rodent control, day care center including health services to the children, etc.)
- Comprehensive planning grants--largely to COG's (thus gov't standpoint). Includes planning in health as well as in bldgs, environment, gov't services, land develp, transportation, manpower needs, etc.. Michigan's public utility model for heath facilities is on R & D money from this program.
- Public works planning advances --is largely water and sewer plans, new hospitals and public health facilities
- Construction grants for:
  - Water and sewer facilities
  - Multiservice centers in low income areas(only 7% of these monies are health related since the centers deal largely with social problems, recreation, etc.
- Construction long-term loans for:
  - Hospitals and public health facilities) basic plant and equipment -- ~~as~~- constitute 75% of the "essential public facilities" given loans under this section.
- Mortgage insurance for non-profit hospitals, for nursing homes (proprietary or non-profit), and group practice facilities. This is to provide incentive for comprehensiveness of services.
- Housing aid includes: --loans
  - College housing, and that includes dorms for nurses, interns and residents at hospitals. Also includes infirmaries at colleges.
  - Housing for elderly and handicapped, and infirmaries within those units
- Rodent and pest control - comes under other programs (not a separate project) such as urban renewal, low income housing, model cities, multiservice centers.

DOL

- Training in the health occup's under the Manpower Devel & Training Act of 1962 (80% of health trainees are in nursing occup's, other 20% dental hygienists, etc, etc.
- Future hlth manpower needs, info on hlth careers
- Bureau of Labor Stds - occupational safety under Maritime Safety Act & under Walsh-Healy Act, also of Fed agencies, & of youth jobs. (std setting, training inspectors, inspection)
- Fed Employees Compensation Act -- pay for Rx of injured Fed employees.
- Member of Fed Radiation Council - advise Pres.

State Health Director	- Can states finance Health Services - Using state & federal funds to finance programs: Medicaid CMHC CH Planning - Professional & consultation support for publically funded programs - State health budget as it reflects state health priorit - Quality The effectiveness of Licensing Boards Standards for Facilities & Services, Inspection - Planning for, and obtaining necessary (or preventin unnecessary) Health Facilities, Services & Manpow (the use of franchising) - Financing & Operating State Hospitals - Regulations through the Public Utilities Model - Other Issues
State Legislative committees	- Health's impact on the State budget - Using state funds to finance health services - Lobbying and health industry: abortion, Good Samaritan fee splitting, coverage for Medicaid, posting drug prices para-professional licensing relicensure of physicians allowing prepaid group practice - Protecting society/protecting the patient: Commitment procedures and treatment) - Eligibility & means tests for State Programs; - Other Issues
County Health Dept. (Health Officer's Office)	- Health care delivery to the poor The clinic system - what does it cost, can it deliver, comprehensive care? (Both sick and well baby?) Dental, fam. planning, sick adult, gyn, prenatal - Delivery: Outreach and home health services-cost /benefit analysis, effectiveness - Public school & day care health - The role of the county govt. in obtaining & providing health services, facilities, manpower - Planning: What planning inputs are needed? Integrating planning efforts Action or reaction planning -other issues

Dept. of Human Resources (incl. tie-in to City Health Dept. & NY Health & Hospitals Corps.)	- An analysis of structure for delivery of health & health related services in a large urban setting, referring to: Ability to intermix funds Comprehensiveness of services Fragmentation of services Coordination of services Accessibility of various services Autonomy - financial - political Operating a hospital vs. paying for service Horizontal advancement of employees - Pros and cons relating to City Health Dept. Structure & Health & Hosps. Corps, NY — OTHER ISSUES
State & Local AMA (contacts w/specialty society, AAMC, APHA, NAS-NRC (Med. Committee Branch)	- Quality - Standards of practice - Peer review - community protection - Increasing Manpower - manpower needs - ~~minor~~ - minority recruitment - para professional traini - education (financing) - Health Delivery - organizational forms of practice that have been or are being studied: Fee for service Solo practice Group practice HMO's Foundations - Regulatory effects of current legislation - Financing of Health Care - cost benefit analys of different modes - Role in developing health delivery models (emergency care, mobile units, screening, comprehensive care) — other issues

AHA State & Local Hospital Association	- Cost control mechanisms -Quality of private care - free care and its effects on Hospital's effects of legislation (current) on hospitals - Quality - the ECFMG - House officers - Research Grants, who can effectively control them, individuals, or the organization? - Working with other health resources - effects of unionization in hospital upward mobility - financing education through hospita charges
Hospital Administration Board Executive Committee (some issues may require working with more than 1 hospital and with additional committees)	- How hospital costs can be stablized - Developing the role of the hospital in the health care system, beyond the "provider of concept (comprehensive services) community input - Effects of Insurance policies on hospital utilization - Where are social issues dealt with - Peer Review - why does or doesn't it work - what alternatives are there to insure quality? - The formulary, include issue of health conference - Hospital privileges, are they necessary? - Hospital Admitting practices, do they exclude those who cannot pay
Hospital Medical Director Fulltime Dept. Chief (Georgetown Surgery & D.C. General)	a) Developing Mechanisms to evaluate quality through a quality of independent care study urban ghetto hospital in University center hospital, and analyzing the effec of current legislation on qualit b) two levels of care, private and staff - is there a difference in quality, what can be done about c) Who sets and lets be known the "correct ways to treat" d) the effects of research and resea grants on patient care

Community Medical Dept. and Hospital Comptroller	- where else (other depts.) are social considerations dealt with? what constitutes affective planning for (ex. community) input - Outreach and comprehensive programs linking with other health resources in a community determining which linkages are valuable and which aren't. - Financial considerations of insurance, Medicaid, Medicare, etc. and other obstacles to expanding the role of the hospital
Proprietary Hospitals	- How do they control costs - To quality sacrificed - What services are provided? How can community health needs and services become a working concern and obligation of proprietary hospitals? - Other
Philanthropists	- Use of earmarked funds - Other
Drug Companies (Surgical Supply Companies) Private Labs	- Consumer and Profession information from their advertising coordinating research grants - Is there a need for FDA (or other) regulations - if so, where - Competition on Price - the posting of drug prices - Generic vs labeling & substitution of drugs - Research and Development - Patenting of drugs - Advertising and public relations

Insurance Companies a) Blue Cross b) Private Insurance Companies Both with contacts (pre-established) to Insurance Commissioner	- Insurance Models: indemnity and comprehensive coverage; prepayment copay and capitation: the relationship to HMO's - Health Care Costs - service utilization, 3rd party discounts, financing education through health service charges. - Quality - how to insure it - Consumer responsiveness and input - Health Benefits - what is covered, cost analysis, community vs experiential rating - Regulation - effects of current insurance regulatory mechanisms, effects of current legislation on the industry - Health Delivery - influencing new models, innovation, extending benefits to preventive & education services
Insurance Commissioner	- Regulation of Health Care through the Public Utilization Model - Consumer Involvement in regulation - Ability to control costs through the state mechanism - where can regulations effectively be applied (ex. current legislative proposals)

SPRING

POSSIBLE PRECEPTORSHIPS

Congress:

Kennedy's Senate subcommittee on health. This could include working on any issue being considered by that committee, or following what is happening with respect to the Kennedy bill for national health insurance (thought that is being dealt with by another committee). You would be directly assigned to work with an M.D. on his committee, a former health activist in his house officer days.

H.E.W.:

H.S.M.H.A. (Health Services and Mental Health Administration), Office of the Director, Vernon Wilson. H.S.M.H.A. is an all-encompassing agency that includes N.I.M.H. (National Institute of Mental Health), drug abuse treatment facilities, community mental health centers, planning agencies such as Hill-Burton, Regional Medical Programs and Comprehensive Health Planning, National Health Service Corps, health services in jails, services for Indians and minorities, nursing homes, family planning, national health statistics, HMO's, communicable disease control, et cetera. You would likely pick one area of your chief interest, but also get an overview of the whole agency.

N.I.H. (National Institutes of Health), Bureau of Health Manpower and Education. This is the source of the grant for this course in Health Policy. The preceptorship would deal with the national health manpower situation: needs, allocation, disciplines, education, licensure, et cetera.

Office of the Secretary, Section on Evaluation. You would work with two evaluators in that office who would give you general directions in how to do an evaluation, and would then assign you to any one of several local federally funded projects (of your choice) where they currently have evaluations in progress. Group Health Association is one that might be interesting (a prepaid group practice evaluating the care given to its Medicaid families).

O.E.O.

Office of Health Affairs that administers neighborhood health centers and provides training programs for consumer board members. This could include work at the local OEO clinic which serves an area of mixed population: Spanish, black, white. It is the best service for Spanish in the city, even though it has deficiencies.

Regionalized Programs:

RMP and/or CHP (Regional Medical Programs, Comprehensive Health Planning). RMP has regional boards made up of proveders who develop regionalized services largely through medical schools coordinating with nearby hospitals. CHP has State and regional boards made up of over 50% consumers who plan, or who pass judgement on plans, for any health services needed or designed for their area. You will be assigned to the national office which will be working on the renewal legislation for these agencies, dealing partly with how to coordinate them or whether the two agencies should be one and the same. Working with nearby Virginia or Maryland boards would give a better basis for your developing your won point of view for legislative input.

State:

Maryland State Health Department and Maryland State Legislative committee dealing with health issues. You would be working with the Director of the State Health Department. There is currently a very active Task Force on nutrition and welfare programs for the state which is asking for far-reaching reforms.

Local:

Southeast Washington, consisting of 20% of the D.C. population, has long been almost totally devoid of services. No single groups has ever been willing to take on the enormity of health planning there. Recently a coalition of the three medical schools and about 15 or 20 community, professional and voluntary associations obtained an OEO network grant. Work with this project would get you into a health planning project in a ghetto area at an early stage of its development. Chief preceptor would likely be a member of Georgetown's Community Medicine Department.

A rural health planning project would also be conceivable in nearby Loudon County. This is adjacent to the planned city of Reston, Virginia, which itself has had difficulty in setting up health services. New that it is in progress, Loudon County's rural population may be inclined for some services, and other services set up in their own communities.

A hospital study is designed to compare the quality of surgical services provided by a particular medical school in its own teaching hospital and in its assigned floor at the public hospital. The effects on patient care of teaching and research would be considered as well.

Other possibilities which we would set up if you express an interest:

* Patient education, home health education, school health education, et cetera. There are several good health educators in the city, a V.D. educational campaign in September and October, and videotape on several topics being prepared to show in clinic waiting rooms.
* Studying services for Spanish, Puerto Ricans, or ethnic minorities in D.C. The Spanish population is large, and the OEO clinic is not sufficient to meet the needs. Puerto Ricans of Northeast U.S. just have received a grant to study their health needs and to make proposals for the types of services thet want the government to provide. White ethnic groups are being organized around health services by the Ethnic Studies Department of Catholic University, an excellent group.

*A health law group may like to take a student to do some legal casework. Recent efforts here have included a case against Cafritz Hospital over admitting the poor (since they use Hill-Burton monies), taking up the fight to preserve the Mound Bayou OEO clinic in the Mississippi delta, writing a model contract for public hospitals to arrange with medical schools delivering services for them (to include patients' rights).

*Occupational health. One of the most active unions in the U.S. in matters of occupational health and safety (OCAW) has good people in Washington. People working with Black Lung Association are in D.C. fairly frequently. UAW's newsletter editor is keen to health and safety issues.

*FDA, EPA, or other federal regulatory agencies (Food and Drug Administration, Environmental Protection Agency). Most federal watchdogs need a watchdog satching *them*. FDA has looking into this already, and the question now is what to do about it. EPA is one of the better regulatory agencies in being more responsive to national needs than to financial interests. NIOSH (National Institute for Occupational Safety and Health) is the newest regulatory agency, one well worth looking into.

*Mental health, drug abuse, alcoholism. A wide range of project possibilities.

*Mental retardation. A parents' group has been formed around the home for retarded children in D.C., Forest Haven. They have already accomplished getting a new cottage built for the most severely retarded. They are currently awaiting apporval of a grant to start day care for the retarded in the city, children who are living in their own homes, because they look upon Forest Haven as a dumping ground. Once approved, they will need a great deal of help to set up their program.

*Jail health. A coalition of a law firm, community college, and MCHR have been delegated the task (by the D.C. Medical Society) to investigate jail health in the District. Most people involved are employed and would have difficulty making site visits during the day. Students would aid greatly in that and other respects.

*Or, name your chief interest and let us see what can be done to arrange a preceptorship. There is not much time left, though, so let us know as soon as possible.

PRECEPTORSHIP LISTING

1. Health Service and Mental Health Administration, Office of the Administrator, HMO Division
2. Planning Council, Washington, D.C.
3. OEO Anacostia Project
4. OEO Health Center, N.W.
5. Ralph Nader's Health Research Group
6. National Institutes of Health, Bureau of Health Manpower Education, Division of Physician Education
7. Prince Georges General Hospital
8. National Center for Urban Ethical Affairs
9. The Network
10. Prince Georges County Comprehensive Health Planning Agency
11. Student American Pharmaceutical Association
12. Project AMOS, Ft. Belvoir
13. National Academy of Science, Institute of Medicine
14. HSMHA, Office of Program Planning and Evaluation
15. Lutheran Social Services
16. Metropolitan Council of Governments
17. Randolph Hills Nursing Home
18. Prince Georges County Extended Care Facility
19. The Free Clinic on "M" Street
20. American Public Health Administration, Migrant Health Project
21. Georgetown Hospital, Department of Nursing Education

STUDENTS

Accepted

Colleges Participating

Disciplines Represented

Invitation to Health Committees Congressional Staffs

ACCEPTED
STUDENT APPLICATIONS

Sr. Julianne Aaron, C.S.J. - Nurse - Instructor Staff Development, Georgetown Univ.
Eduardo Aenelle - 3rd year Med. Student @ Michigan State College of Human Med.
Mark C. Beal - Dentistry - Tufts School of Dental Medicine in Boston, Mass.
Lawrence Beck - Health Care Ph.D. candidate @ George Washington Univ.
Charles Boes - Health Planner @ U. of Texas at Houston, School of Public Health
Roberta L. Brown - Pharmacist @ the University of Houston
Geoffrey Stephen Coates - 3rd year Med. student @ the Univ. of Iowa
Sister Carol Coston - The Network
William Estabrook III - 3rd yr. Med. @ Univ, of Mass. Medical School at Worcester
Evalyn H. Green - 3rd year Med. student @ Michigan State Univ.
Etta Horn - Citywide Welfare Rights
Alma Howard - Paramedic Health Consumer Advocate, Medical Committee for Human Rights, San Francisco
Joel M. Lee - Health Administration Community Development @ Southern Illinois University
James MacDougald - Home Life Insurance Co., Silver Spring, Md.
Fred Messing - Health Care Administration, Dept. of Health Care Administration @ George Washington University
Mervyn Mohammed - Economist @ Catholic University
Lindsay Robinson - Medical Sociology @ Howard University
Elizabeth Saries - 1st yr. graduate student in Political Science @ Sangamon State University, Springfield, Illinois
Vicki Seltzer - Medical student @ New York University Medical School
Robert S. Sergent - Dentist @ University of Kentucky College of Dentistry
Mrs. Annette Sourwine - R.N. Staff Development - Instructor @ Georgetown University Hospital
Venita Thweatt - 4th year Medical student @ Univ. of North Carolina at Chapel Hill
Rev. Joseph Tortorici, O.P. - 4th yr. Theology @ Dominican House of Studies
Bonnie Towles - Assistant Director Raskob Project @ the Center for Urban Ethnic Affairs
Annette Twitchell - 4th yr. Medical student at Washington University School of Medicine in St. Louis, Missouri
William E. Wilson - 3rd year Med. student @ Univ. of Missouri-Columbia
Danielle Wuchenich - Director of THE GATE Medical Clinic in Washington, D.C.
David B. Williams - 4th yr. Pharmacist @ College of Pharmacy, Univ. of Houston
Joseph F. Nowoslawski - 3rd yr. Med. student @ Michigan State College of Human Medicine
Jeanna C. Miller - 2nd yr. Medicine @ George Washington University
W. Pearl Perry - Public Health Planner (doctorate level) @ Columbia University School of Public Health

OTHER APPLICATIONS

Milt Camhi - 2nd yr. Public Health Administrator Trainee @ Univ. of Michigan
Dr. Hugh N. Burkett - Dentist, College of Dentistry, Univ. of Kentucky
Edward L. Petsonk - Medicine - Faculty of Medicine, McGill University in Montreal
Darlene Breiteneicher - 4th yr. Nursing student @ Georgetown University
John J. Frey, M.D. - University of Miami, Dept. of Family Medicine
June E. Heilman, 4th yr. Medicine @ New York University
Annie Jackson - 4th yr. undergrad. at Howard University
Anne Mandetta - 1st yr. Nurse @ Univ. of North Carolina School of Public Health
Eugene L. Perrotta - 2nd yr. Social work (health planning) @ the University of North Carolina School of Social Work
Kim Shinkosskey - (MPH), Univ. Texas School of Public Health at Houston

DISCIPLINES

- Dentistry
- Health Planning
- Nursing
- Public Health Planning
- Sociology
- Health Care Administration
- Health Economics
- Medicine
- Pharmacy
- Political Science
- Theology

UNIVERSITIES

- University of Texas School of Public Health at Houston
- University of North Carolina School of Social Work
- University of North Carolina School of Public Health
- Howard University
- New York University Medical School
- University of Miami
- Georgetown University
- McGill University in Montreal
- University of Kentucky
- University of Michigan
- Michigan State College of Human Medicine
- Tufts School of Dental Medicine
- George Washington University Dept. of Health Care Administration
- University of Houston
- University of Iowa Medical School
- Michigan State University
- University of Massachusetts Medical School at Worcester
- Southern Illinois University
- Catholic University
- Sangamon State University
- New York University Medical School
- University of Kentucky College of Dentistry
- Washington University School of Medicine
- University of Missouri-Columbia
- University of Houston College of Pharmacy
- Columbia University School of Public Health

Invitation to Staffs of Congressional Committees involved in Health:

Inasmuch as an enormous amount of health policy was being established during the Spring semester, when conflicts between the Office of Management and Budget and the agency for the HEW as well as for the Congress were taking place, it was thought to be a valuable experience for students as well as an extremely good opportunity for the staff of the Congressional committees dealing with health affairs to participate together in some of the sessions. Because of this a letter was sent to the members of the health committees and subcommittees in the House and Senate notifying them of the course. One representative did manage to attend given the very short notice. A copy of the letter sent is found on the next page.

THE INSTITUTE FOR THE STUDY OF HEALTH AND SOCIETY
1050 Potomac Street, N. W. Washington, D. C. 20007 202-338-7055

January 16, 1973

This is an invitation for you, or a member of your staff, to attend at no cost, those sessions of the Health Policy Elective Course, which may be of importance to you. The course is being conducted at the Institute for the Study of Health and Society, 1050 Potomac Street, N.W., Washington, D.C. beginning January 22, 1973.

Attending the course are an interdisciplinary group of twenty (20) students each completing the academic work in their profession: Medicine, Dentistry, Pharmacy, Health Administration, Health Planning, Health Economics, Medical Sociology and Nursing. Their respective schools have granted them elective credit for coming to Washington and taking the Health Policy Course, which is funded by the Bureau of Health Manpower Education, NIH.

The course was first offered this past fall. The well known health officials, practitioners, educators, and policy makers who participated as faculty to the course, are listed on the enclosed fall speaker list.

As the new session approaches, we have become aware of the marvelous opportunity this course would offer to those congressional policymakers in the health area, to keep them current on the Health Policy issues and to give them an opportunity to discuss the issues in the classroom, as students, with an interdisciplinary group of Health Professionals and a well informed faculty.

There is no charge for the course, but we are very limited in the number of congressional members and staff we can accommodate, while keeping the class size small enough for inter-group discussion. Please contact Ms. Jane Nachtrieb (338-7055), to let her know what day or days you or your staff member would like to attend. (See Spring outline). Of necessity placement will be on a first come basis.

We know this is short notice, but with health policy issues being one of the major topics for this Congress, we felt the opportunity to participate could be most useful.

Very truly yours,

Murray D. Leipzig
Director

Enclosures

STUDENT PROJECTS

Listing and Summary Discussion

The Projects

1. An objective report from a medical student's standpoint of the operation and functioning of a neighborhood health center located in Northwest Washington. Report concerns administration, delivery of services, violence in the neighborhood, goals, training and service, and is entitled OEO Clinic or Search for Tomorrow.

2. Hospital preceptorship project report dealing with the hospital governing body and its authority and responsibilities, the administrator's functions, role of the medical staff, employee-personnel problems within the hospital, and determination of hospital cost and budgeting and remuneration.

3. Project with a health research group involving discussions with Senators and Congressmen on the relative committees after their positions on HMOs and what will and will not be included in legislation.

4. Project at Bureau of Health Manpower Education drafting preliminary documents towards increasing the number of professionals providing care in geographic, specialty and primary care areas of need. Basis of the report in writing a contract for this purpose.

5. Project with Family Planning Service covered the topics of alternatives to abortion and utilization of the rhythm method. Result has been the publication of two articles in journals by the student.

6. Project with Southeast Anacostia. Health project involved working with consumers and providers in the D.C. Government to establish a health center.

7. Preceptorship at HSMHA National Health Service Corps exploring problem areas in keeping physicians in their assigned territories after their tenure is up.

8. Georgetown University Department of Nursing Education. Project resulted in the establishment of a health care conference for two days on the ethical questions of the right of treating the dying patient and a second conference for the D.C. Nursing Assn. on clinical nurse.

9. Project with the Center for Urban Ethical Affairs resulted in a curriculum training consumer groups and community organizers in health policy issues.

10. Project with the Network resulted in numerous articles in publications in their newsletter on health care.

11. Project with the Comprehensive Health Planning Agency in Prince Georges County resulted in assistance in development of community plan cataloging all policy decisions that have been established by precedent.

12. Project with the Student American Pharmacy Assn. resulting in a directory of alternative careers for pharmacists and pharmacy students.

13. Project at Ft. Belvoir (AMOS) resulted in an algorithim on dyspnea to be utilized not in a clinical setting but in a rural setting with a physician assistant working independently and only through telephone contact with a physician.

14. National Academy of Science - Institute of Medicine project provides staff assistance and prepares statements on policy for the Health Maintenance Organization Committee and Quality Insurance Committee.doing research and providing staff reports.

15. Project at HSMHA, Office of Program Planning and Evaluation involved evaluating the feasibility through different information systems to provide an information base for comprehensive health planning systems.

16. Lutheran Social Service Project involved doing survey work on the establishment of a free clinic to discover attitudes and needs.

17. Project at Council of Governments while staff worked with the group preparing analysis of plans for emergency medical services for the District of Columbia.

18. Project at Randolph Hills Nursing Home, The Baptist Home, and Prince Georges Hospital Extended Care Facility involved a comparative study of operations in the three types of institutions looking at types of patients served, staffing required, and the differences in services required.
Result was report to the administrators of these facilities which is being used to try and develop a preceptorship experience for medical schools in care for the aged.

EVALUATION

Student Evaluation

Contractor's Evaluation

Summary

Student Evaluation

In order to obtain accurate student evaluations, three mechanisms were employed. First, students were given the opportunity weekly and at the end of the course to evaluate the course in writing. Copies of the evaluation forms are included and will follow this section. Two, at least once every week and a half, time was devoted to an open discussion of the course and a verbal evaluation of what was occurring. Three, a questionnaire was submitted to the first group at the beginning and at the end of their course to see if any change in attitude or depth of perception of problems existed. And finally, students would often on an informal basis present their views of the course to staff. Students were given the opportunity to evaluate the speakers, the ISHS staff, and the materials being used in the course as well as such things as the mix of students, and the length of time devoted to different topics. Out of all this information came the restructuring of the second course and the development of the model curriculum. Many of the students' critiques or comments are listed below:

1. At times, some of the sessions were too medically oriented
2. At times, readings were repititious and slanted
3. Background information was needed for Thursday's sessions
4. A basic understanding of federal government's organization of health services as well a picture of what the health care system or non-system is is a prerequisite to much of the reading
5. Time must definitely be set aside for group discussions of questions when speakers are not present to re-hash and think through the issues.
6. Certain speakers were uninformed
7. Other speakers were well informed but unable to teach
8. The ISHS staff could have provided more direction to both the teachers and the students at specific times

On the overall positive side as for the students' reaction and evaluation of the course, I will read excerpts from their final report or letters they have written afterwards.

a. "During my 5-weeks in Washington I learned a tremendous amount. I noticed a great change in myself both in terms of awareness and attitude. I spoke with several other people at ______ University regarding the Institute in general and this program in particular they would be quite interested in having out students involved in the program in the future."

b. "I would like to comment that I feel the Health Policy course was ambitious, arduous, and worthwhile in taking at the Institute at that the project directors did an admirable job.....I offer these criticisms as constructive criticisms from one who participated in the course, entering the course with almost no knowledge of health policy, and leaving the course vastly educated by comparison."

c. "An area of criticism lies with the reading material presented throughout the course. I feel that initially the 50 pages of reading material assigned per night involved not so much articles dealing with an overview of the topics to be discussed but moreso individualized newspaper and magazine articles reflecting a limited scope in view of the larger topics to be covered for each day of the course. As the course progressed the reading materials seemed to improve with a decrease in the total amount in the general approach to the topic with adequate but decreased emphasis on finer points of each area."

c. "It is rather difficult to express the real worth I obtained from the course. The best expression is I have obtained a new pair of eyes through which to view the health care world. I have become more cynical in outlook but have also seen areas where change can be made. I only hope I can remain free to question the health professionals with the desire to develop alternatives to the system."

d. "What I have learned at The Institute for the Study of Health and Society regarding health has given me more knowledge in the following areas: 1.levels of care; 2. delivery of health service; 3.quality control; 4. quality of care; 5. preventive care; 6. community education in health; 7. planning of health services and implementation of the plans on federal, state, regional, county and local levels."

"I see this kind of training necessary for the various kinds of health groups, community groups, individuals, and for those who are honestly concerned about the health problems of the country. This course, speakers and moderators and students have been very helpful to me in many ways and I intend to use this information."

Evaluation No. 1 Week No. 1

1. Material - Amount ________
   Quality ________
   Point of view ________
   Comprehensiveness ________
   Other ________

2. Student Mix - O.K. ________
   Needs more ________
   Needs less ________
   Other ________

3. Methods of presentation-

________ Do the issues come out?

____

____

________ Is there enough discussion and participation?

____

____

How could students have been more involved this past week, on these subjects:

____
____
____
____
____

Other ______________________________

4. Faculty:

	Are they Informed Yes	No	Did you learn fm their efforts	Comments
Paul Cornely, M. D.	___	___	________	________
Jay Heubert	___	___	________	________
Rev. John Fletcher	___	___	________	________
Mark Berger, M. D.	___	___	________	________

Evaluation No. 2 Week No. 2

1. Material
    - Amount ______________
    - Quality ______________
    - Point of View ______________
    - Comprehensiveness ______________
    - Other ______________

2. Student Mix
    - O. K.
    - Needs more
    - Needs less
    - Other

3. Methods of presentation-

________ Do the issues come out?

____

____

________ Is there enough discussion and participation?

____

____

How could students have been more involved this past week on these subjects?

____

____

____

____

What could student coordinators do to increase participation?

____

____

____

4. Faculty:

	Are they Informed		Did you learn from their efforts	Comments
	Yes	No		
Dr. Hoyt				
Dr. Herr				
Mr. Harris				
Mrs. Crosby				
Dr. Daitz				

Evaluation No. 2
Week No. 2
Page 2

Faculty (cont.)	Are they Informed		Did you learn from their efforts	Comments
	Yes	No		
Dr. Fielding				
Dr. Chenoweth				
Dr. Young				
Mrs. Goodwin				
Dr. Peterson				
Dr. Kehne				
Dr. Esquibel				
Mr. Wilson				
Mr. Simmons				

5. Emphasis: Content Areas

Each day which issues would you consider should be covered

	More	Less	Same	Other
Monday:				
GYN Services				
Abortion				
Tuesday:				
Domiciliary Care				
Extended Care Fac.				
Aging Policy				
Wednesday:				
Screening				
Maternal & Child Care				
Dentistry				
Thursday:				
Patient Education				
Nutrition				
Friday:				
Mental Health				
Comm. Mental Hlth Centers				
Drug Abuse				
Public Policy & the Addict				

Evaluation No. 3 Week No. 3

Material

Amount ____________________
Quality ____________________
Point of View ____________________
Comprehensiveness ____________________
Other ____________________

Student Mix

What other disciplines do you think would add needed or valuable perspective to the class?
____
____
____

Methods of Presentation:

a. Do the issues come out?
____

b. What do you make of the Board Outlines?
____
____
____

c. What changes in their use would you suggest?
____
____

d. Was there better discussion and participation this week?
____
____

e. How could students have been more involved this past week on these subjects?
____
____

f. What could student coordinators do to increase participation?
____
____

Faculty:	Are they Informed Yes	No	Did you learn from their efforts	Comments
Mr. Hamrick				
Joseph Curl				
Wm. Parker				
Walter McClure				
Dennis Falk				
Robert Shouldice				
Tom Piemme				
Lou Segadelli				
Charles Fagen				
Mark Berger				
Bridgette Tighe				
Jack Ryan				
David Kindig				
Ruth Hanft				

Evaluation #3 Week No. 3

Emphasis: Content Areas

Each day which issues would you consider should be covered in the course sessions:

	More	Less	Same	Other
Monday:				
Hospital Systems				
Military	____	____	____	____
Community	____	____	____	____
University	____	____	____	____
Tuesday:				
HMO's theory	____	____	____	____
Hmo's practice	____	____	____	____
Wednesday:				
Ambulatory care-based system:				
OEO	____	____	____	____
Clinics	____	____	____	____
Prep. and Group Practice	____	____	____	____
Thursday:				
Manpower Supply and Demand				
Paraprofessionals	____	____	____	____
Friday:				
Manpower Education	____	____	____	____

EVALUATION QUESTIONNAIRE

Weeks 5&6

1. Material:

Has there been more emphasis on general issues and summary type articles?

Yes ____________

No ____________

Is this a desirable objective for the readings selected? ____________________

2. Presentation:

a. Are the issues coming out? ____________________

b. Has the level of participation increased during weeks 5&6? ____________

Any opinions as to why? ____________________

c. Is the student coordinator role as effective as it could be? ____________

How can it be improved? ____________________

3.

Faculty	Are they informed? Yes	No	Did you learn frm. their efforts Yes	No	Why/why not Other comments	Should the issues be covered mor less, same class/readin
Pollack, ARC						
Do[illegible] Woods, OEO						
ea[illegible] Stiffler, Md. St. Dept						
orrey Brown, Md. Leg.						
e[illegible]y Stearns, Hlth Dept.						
le[illegible]y Robinson, DC Council						
ay Standard, Hum. Res.						
Po[illegible]y Shackleton, Cons.						
il[illegible] Bromberg, FAH						
ay Hemness, Drs. Hosp.						
os[illegible] Leverenz, A. Canc. Soc.						
oh[illegible] Cooper, AAMC						
ayne Bradley, AMA						
o[illegible] Rosen, MCHR						
n[illegible] Braun, pvt. Planning						
arold Granning, Hill-Burt.						
e[illegible] Levine, plan. agcy. leg.						
lton Armstrong, mig. hlth.						
n[illegible]ydstrup, GHI						
ar[illegible] Holman, Hum. Resc.						
lth[illegible] Plan. Game Team						

EVALUATION QUESTIONNAIRE, WEEKS 7 & 8

1. **Material:**

What is your evaluation of (1) quality and (2) subjectivity/objectivity of the last 2 week's material? ______________________________

______________________________.

2. **Presentation:**

   a. Are the issues coming out? ______________
   b. Has the level of participation increased during weeks 5&6? ______________ Any opinions as to why? ______________
   c. Is the student coordinator role as effective as it could be? ______________
   d. How can it be improved? ______________
   e. Has having the national health legislation speakers spread out - rather than all on one day - been effective in allowing you more time to digest, understand, and rethink about the issues relating to it? Comment ______________

   ____

3. **Faculty:**

	Are they informed?		Did you learn from their efforts		Why/why not Other comments	Should the iss be cover more, les same in class/rea
	Yes	No	Yes	No		
Edith Schoenrich, Md. St. Govt						
Harold Gordon, Licensing						
Kent Peterson, Int. peer rev.						
H Weikel, Ext. Eval.						
Rob. Robards, Assuring qual.						
Gail Marker, Qual. care/ mentally ill & the courts						
Joe Onek, Estab. qual. thru the legal process						
Hal Hunter, APHA, NHI						
Hilda Robbins, Ment. Hlth, NHI						
Bob Smucker, " " "						
Bill Katz, Hlth cost st. fin.						
Walter Berry, Hosp. costs						
Jim MacDougald, Pvt. Hlth & Ins..						
Betty Dooley, Kennedy Leg.						
Alan Kaplan, Hlth/leg syst.						
Leon Gintzig, Pol & Adv. Boards						
Chas. Fegan, Mgt. of OEO						
Herb. Quinn, Hlth unions						

SURVEY GIVEN AT START AND AT CONCLUSION of COURSE

I. INITIAL CONTACT WITH HEALTH SERVICES

1. To whom should each patient initially relate for all aspects of his health care?

   a. signle physician
   b. group of physicians
   c. nurse
   d. other specially trained person
   e. special agency

II. ORGANIZATION OF THE SERVICES IN THE COMMUNITY

1. How should services be distributed in the community?

   a. private physicians' offices
   b. traditional group practices
   c. small neighborhood centers
   d. large central health facility
   e. a plus b
   f. c plus d
   g. all
   h. other

2. What controls should be enforced in the system?

   a. location of services
   b. kind of service
   c. quality of service
   d. cost of service
   e. no controls

3. Who should be the enforcing agency?

   a. individual providers (essentially 'market control')
   b. association of physicians (peer review)
   c. association of consumers
   d. association of physicians and consumers
   e. government agency with composition (a), (b), (c), or (d)

III. NATIONAL ORGANIZATION OF SERVICES

1. How should the planning and regulatory powers be distributed?

   a. central, in the federal government
   b. federal, with powers delegated to the states
   c. local, in a community agency
   d. local, in a community hospital
   e. state

2. How should costs be paid?

   a. tax incentives to indicidual providers
   b. tax incentives to institutional providers
   c. federal income tax
   d. private insurance, without public assistance

e. private insurance, with public assistance
f. corporation tax
g. state tax
h. social security tax
i. tax deductions for consumers

3. How should costs be controlled?

   a. fee-for-service (free market)
   b. fee limited
   c. capitation payment
   d. salaried professionals
   e. tax incentives to institutions
   f. controls on medical products' costs (drugs, equipment)
   g. combinations (indicate)

4. What should be the extent of coverage?

   a. complete coverage of services
   b. complete coverage of services and products
   c. coverage of limited number of services
   d. coverage of limited number of services and products
   e. of covered services, a percentage of cost only
   f. of covered services and products, a percentage of cost only

5. Participation in the plan should be

   a. compulsory for consumers
   b. compulsory for some consumers only
   c. not compulsory for consumers
   d. compulsory for providers
   e. compulsory for some providers (for example, in-hospital only)
   f. not compulsory for providers

6. The plan should

   a. emphasize acute care in its schedule of coverage and incentives
   b. emphasize preventive medicine in its schedule of coverage and incentives

7. Preventive medicine should be concentrated in

   a. education of the population to better health practices
   b. screening programs

8. The plan should

   a. define sets of consumers and providers (e.g., all people living in Liverpool) would have to use a health facility in that community for primary care, and have access to other facilities only by referal from the Liverpool facility)
   b. leave consumers and providers free to establish their own contacts.

9. Should the government become directly involved in health care in the United States?

:V.

AGREE NO OPINION DISAGREE

A 1. Access to medical care is a necessity, not a luxury.

2. Some form of universal health insurance is needed.

3. Any form of national health insurance is a threat to the American way of life and will result in the destruction of the "doctor-patient relationship" and also in corruption of medical standards.

4. Any form of national health insurance is a threat to the American way of life and will result in socialism and a welfare state.

5. Any program of universal health insurance is threatened by a lack of restraint on the part of both providers and consumers.

6. The consumer should have options with respect to carriers and providers and should have easy access to information on what is available.

7. The government should not make the decision for the consumer, but should be responsible for insuring access to information on what is available.

8. Consumer preferences rather than provider preferences should determine the organization of the health care system.

9. Providers should be assured of continuation of the accepted professional standards of practice and reasonable freedom within them without changing the level or stability compensation.

10. The government's role in universal health insurance should be limited to both requiring the employer's mandatory purchast of private health insurance for his employees while subsidizing small employers and low income families.

11. What is needed is unitary, all-embracing, federally administered program with compulsory coverage of the entire civilian population.

B 12. Simply providing funds for universal health insurance is not enough

12b. There should be a single systme of paying either physicians or providers.

13. Universality of protection is required without distinction as to income or premium contribution.

14. If incentives are provided for voluntary purchase of health insurance universal coverage of all citizens will not be achieved.

13b. To provide comprehensive health care at a reasonable cost, we must strengthen and extend Medicare to the entire population.

AGREE NO OPINION DISAGREE

B15. The Best was to finance this is through payroll taxes on employers and employees and from a special contribution from general revenues.

16. Broad and relatively comprehensive benefits should be financed by a combination of payroll taxes and general revenues, and administered exclusively by the federal government without use of private insurance companies.

17. Government should provide all financing.

18. Publically imposed means tests are destructive to universality and lead to a double standatd and a"two-class"quality of care.

19. Equitable financing of any national health scheme can only be achieved with multiple sources of funds funnelled through a single system.

20. The goal of comprehensive care is to provide 100% of the cost of all health services and goods.

21. The goal of comprehansive care is to eliminate the financial barriers of up to 75-80% of the cost of the average family's health care.

22. Competitive systems of underwriting health insurance should be supported through centralized funding and regulated by standards agreed upon.

23. Currently, the providers of medical care determine the majority of the costs of medical care.

24. The present system of reimbursement to hospitals and other institutions has discouraged efficiency and economy.

25. The consumer should pay a small proportion of the cost of each service received in order to discourage over useage.

C26. At this time, too little is known about the most successful ways of delivering health care to allow one central agency to administer a universal health system.

27. Reorganization of the delivery system is a necessity.

Contractor's Evaluation

In the Contractor's evaluation, there is no question that money was well spent in developing materials and putting on two Health Policy Elective Courses in order to generate a model Health Policy curriculum. What we learned from the experience will save other groups numerous time and haggling over the pitfalls involved in trying to develop a course for multidisciplinary audience. Questions of administration of timing of courses, amount of time available within programs, of where in the curriculum the course can be placed, etc. and even questions on developing materials for students arriving with greatly different experiences and backgrounds in health care delivery and health policy, will prevent others from having to face the same problems. Additionally, experimenting with the many different teaching techniques as outlined in Section I have given us methods that appear to work well with the age and attitude of the students this course is addressed to.

Our biggest criticisms of the course as we have designed it at this point would be the abnormally high amount of reading material required of the students, the inordinantly wide scope of topics covered in the course, and the lack of sufficient time for discussion with students. Each of these can be corrected easily when others put on a health policy course by allotting weekly 1 - 2 hour sessions for discussion and assimilation of points, and by selecting those topics for their particular course which are most pertinent to their students and which will fit into the amount of time they have available to teach the course. In the Curriculum Guide we have estimated the amount of time it would take to cover the topics adequately in a multidisciplinary setting. The competent instructor will be able to take this information and plan his own course accordingly. The students in our courses I believe gained much from their experience:
a. For the first time many of them were able to sit in a multidisciplinary group and share ideas on what health services are and what health services are needed.
b. For the first time many of them were able to see what the other discipline's students are like, what kind of training they've had, and that they each have a contribution to make especially in the area of health policy and health delivery.
c. For the first time many of them were able to sit and think in terms of patients' viewpoints and needs.
d. Many of them have expressed the desire to try and put into practice concepts of health delivery such as group practice and team practice to which they are not exposed in their own courses.
e. Many of them have been made aware of health policy decisions, the structure of health politics in this country and in their own jurisdictions, and have taken away from here the interest and many of the skills and contacts necessary to enter the health policy arena in their own locales.
f. Each of them has taken away a greatly expanded understanding of the health care delivery system.
g. They have each seen the ramifications in terms of financial implications of health policy decisions and have come to consider this factor also in their decision making.

h. Many of them have been exposed to quality health care leaders and have gained from that contact. By this I mean that offices is HSMHA, and in HEW and in their local state health departments are no longer boxes on a chart, but rather people with names and with responsibilities and answering to other people.
i. Finally, I believe there was enormous value that can probably never be measured to the speakers themselves, as they had the opportunities both to interchange with young bright students, from many different disciplines, on their own organizations and on issues in health care. Further, they were able as with other involved persons with equal responsibilities who held different views on the subject. Some of the most intriguing discussions took place when placing these persons of opposite perspective in the same room together.

Overall, there is no question that the Health Policy Course has filled the contract both in intent and requirements, and has been a benefit to students, to the schools from which they come, who are hoping to take the material and develop it into their own courses, and to the speakers.

SUMMARY

The Health Policy Elective Course was conducted twice and accomplished many things. It established outstanding preceptorship experiences for students and gave them an opportunity to work in health delivery settings and policy making organizations and to see the effect of the policies made on those who have to carry them out or live under them.

- It established a pattern of health community participation and speaker participation in the courses using them as resource persons to share ideas with and discuss problems with.
- It presented an opportunity for students to work together and realize that the other disciplines have many of their problems and have something to contribute in developing solutions.
- It increased student understanding of policies and policy-makers, it brought them together to work on common problems, it raised in them the desire to obtain clinical training in an interdisciplinary setting utilizing combinations such as pharmacy and medicine, dentistry and pharmacy, dentistry and medicine, health planning, nursing, law, etc.
- It created a large corps of people who believe in a health policy course and will go back to their schools and try and have them developed. This cadre of young people are about to enter practice themselves and will be able to have their voices heard and have a measure of knowledgeable input to their local professional societies.
- It created a great deal of school interest in developing this type of course from schools such as NYU, Downstate Medical Center, Columbia Medical School, Einstein, Hahneman, U. of Kentucky Dental School, Michigan State, University of Massachusetts, Tufts Dental School, etc.

To reiterate some of the major things we learned in running the course twice, the most effective were:

- the use of the Health Planning Games
- utilizing small groups for analyses and discussion
- an integrated and well qualified faculty
- the separation of the course in a preceptorship phase & classroom phase

As a bit of final advice to anyone who will be putting on such a course, there is a need to review the material, and in the future to update with current articles or to make it more relevant to the particular group of students in the class.

During the Fall course, Mr. James Hoeven of the Bureau of Health Manpower Education was invited to come and participate in a session or two. He chose to participate during the Manpower discussions, and can speak for the Department in his evaluation of the course. Additionally, I'm sure many of the speakers on our list would be willing to comment as to the depth of discussion and quality of involvement which the speakers and the students were party to during the sessions.

The materials and the idea for the Health Policy course have been instituted already at a few schools and are being developed for a few other schools for the coming year. It is our hope that a further contract can be let by the Bureau of Manpower Education to complete the development of related topics and to program the existing material for teachers so that regardless of the time frame or course restrictions they are under, they will be able to make the most of the material and the subject matter.

The subject of Health Policy is a point of major interest and importance to the young developing professionals as well as to their already established collegues. The area of health policy bears directly on the way they will practice medicine, or dentistry, or pharmacy, etc. in the future, and presented in this light, provides strong incentives for participation. There are many decisions to be made currently and to be made in the near future on the directions health care will take in this nation. From all indications, those taking the Health Policy Elective Course and those who will take it in the future will be far better prepared for input into those decisions and for understanding the consequences of them.

As a last note on the effectiveness of the course, it can proudly be mentioned that some of those students who finished the program and recently graduated from their prescribed course work have obtained very substantial positions in the health care system.

- Federal Liaison for Health Affairs, for the Governor's office to Washington
- Director of Migrant Health Program
- Director of Health Planning Education for Public Health School
- Staff to National Academy of Science Special Task Force

And furthermore in recent correspondence with the ISHS staff, they have given much of the credit to their participation in the Health Policy Elective, and the value placed on that experience by their new employees.